

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22880 (1)

1. Corporation Name

FLORIDA YACHT BROKERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
P.O. BOX 6524 STATION 9 FT. LAUDERDALE FL 33316	P.O. BOX 6524 STATION 9 FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified 10/07/1987	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0015349	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

CILLA, ANDREW P
1550 SE 17TH ST
1500 CORDOVA ROAD, SUITE 200
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name RAE WHITT	85 Zip Code 33316
82 Street Address (P.O. Box Number is Not Acceptable) 1550 SE 17TH ST., #4	
83	
84 City FT. LAUDERDALE	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Rae Whitt* **EXECUTIVE ADMINISTRATOR** **3/6/96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MACMAHON, CHARLES H		1.2 NAME ART HOLLER	
STREET ADDRESS 1650 SE 17TH ST #101		1.3 STREET ADDRESS 2301 SE 17TH ST.	
CITY-ST-ZIP FT. LAUDERDALE FL		1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOLLMAN, PETER R		2.2 NAME KEVIN MERRIGAN	
STREET ADDRESS 2046 S.E. 17TH STREET		2.3 STREET ADDRESS 1901 SE 4TH AVE.	
CITY-ST-ZIP FORT LAUDERDALE FL		2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ZARCHEN, ROBERT S		3.2 NAME ROBERT S. ZARCHEN	
STREET ADDRESS 1270 NW 11TH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME WARREN SCHINTZIUS	
STREET ADDRESS		4.3 STREET ADDRESS 232 BASIN DR.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE *Kevin E. Merrigan* **KEVIN MERRIGAN** **3/6/96** **954-522-3344**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **3-6-96**

CR2E037 (12/95)