


FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001007 (2)**
 1. Corporation Name
THE ASSOCIATION OF YACHTING PROFESSIONALS, INC.



Principal Place of Business 790 E. BROWARD BLVD SUITE 302 FT. LAUDERDALE FL 33301	Mailing Address 790 E. BROWARD BLVD. SUITE 302 FT. LAUDERDALE FL 33301
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3. Date Incorporated or Qualified 03/02/1995
4. FEI Number 65-0565978
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 17 Rose Drive Suite, Apt. #, etc.	2a. Mailing Address 26 17 Rose Drive Suite, Apt. #, etc.
City & State 23 Fort Lauderdale FL	City & State 28 Fort Lauderdale FL
Zip 24 33316	Zip 29 33316
Country 25	Country 30

9. Name and Address of Current Registered Agent FEINERMAN, STANLEY S 790 E. BROWARD BLVD. SUITE 302 FT LAUDERDALE FL 33301
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10. Name and Address of New Registered Agent 01 Name Stanley S. Feinerman 02 Street Address (P.O. Box Number is Not Acceptable) c/o Accounting & Business Consultants 03 17 Rose Drive 04 City Fort Lauderdale FL 05 Zip Code 33316

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 *[Signature]* DATE **4/23/98**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D FEINERMAN, STANLEY S 790 E. BROWARD BLVD. #302 FT. LAUDERDALE FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D O'CONNOR, GUY 790 E. BROWARD BLVD. #302 FT. LAUDERDALE FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D STEIN, HOWARD 6351 NW 63 PLACE PARKLAND FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 17 Rose Drive Fort Lauderdale, FL 33316
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP 17 Rose Drive Fort Lauderdale, FL 33316
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD Bart Van Der Horst 17 Rose Drive Fort Lauderdale, FL 33316
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Paul Weakly 17 Rose Drive Fort Lauderdale, FL 33316
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Sydney Williams 17 Rose Drive Fort Lauderdale, FL 33316

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE **4/23/98** (954) 462-6045

CFR2037 (1097)