


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000017990		
1. Entity Name FLORIDA YACHT CHARTERS & SALES KEY WEST, INC.		

FILED
04 MAY 18 PM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business OCEANSIDE MARINA 5950 PENINSULAR DRIVE KEY WEST, FL 33040	Mailing Address 1290 FIFTH STREET MIAMI BEACH, FL 33139
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2. Principal Place of Business 830 Eaton St. Suite, Apt. #, etc.	3. Mailing Address 390 Alton Rd. Suite, Apt. #, etc. Suite 3
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City & State Key West, FL	City & State Miami Beach, FL	4. FEI Number 04-3604196	Applied For Not Applicable
Zip 33040	Country USA	Zip 33139	Country USA



04012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent EVERHARD, SUSAN W 1281 SOUTH VENETIAN WAY MIAMI, FL 33139	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, RUSSELL F 1290 FIFTH STREET MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVERHARD, SUSAN W 1290 FIFTH STREET MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVERHARD, ROBERT M 1290 FIFTH STREET MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, JEANNETTE E 1290 FIFTH STREET MIAMI BEACH, FL 33139 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 05/25/04--01051--001 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Everhard, Susan W. 390 Alton Rd. Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTDV Everhard, Robert M. 390 Alton Rd. Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Williams, Jeannette E. 390 Alton Rd. Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan W. Everhard 4/14/04 (305) 532-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone