


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000130791 1. Entity Name INTERNATIONAL YACHTS FLORIDA, INC.	
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Principal Place of Business 750 S. FEDERAL HIGHWAY POMPANO BEACH, FL 33062	Mailing Address C/O 200 E LAS OLAS BLVD STE 1900 FT LAUDERDALE, FL 33301
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2093049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRINKLEY, W. MICHAEL C/O 200 E LAS OLAS BLVD STE 1900 FT LAUDERDALE, FL 33301
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE Registered Agent signature required when reinstating)	DATE _____
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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	000000064126 02/23/04-80191-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HATCHARD, MARK C/O 200 E LAS OLAS BLVD STE 1900 FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FACKRELL, ROBERT C/O 200 E LAS OLAS BLVD STE 1900 FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP D'AGOSTINO, JOHN 750 S. FEDERAL HIGHWAY POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AA BRINKLEY, W. MICHAEL 200 E LAS OLAS BLVD STE 1900 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, SEAN C/O 200 E LAS OLAS BLVD STE 1900 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>MARK HATCHARD</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	PRESIDENT	2/12/04 <small>Date</small>	 <small>Daytime Phone #</small>
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