FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:11

DOCUMENT # P32367 (5)

1. Corporation Name
AMERIYACHT INC.

Principal Place of Business	Mailing Address
P.O. BOX 1796 BOCA RATON FL 33429-1796	P.O. BOX 1796 BOCA RATON FL 33429-1796

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/27/1990
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0227659 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FOLDEN, GENE A.
~~798 NE 35 ST.~~ →
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 800 NE 39 ST
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDP	1.1 TITLE		☒ Change ☐ Addition
NAME	FOLDEN, GENE A.	1.2 NAME		
STREET ADDRESS	~~798 NE 35 ST~~	1.3 STREET ADDRESS	800 NE 39 ST	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	VCD	2.1 TITLE		☒ Change ☐ Addition
NAME	FOLDEN, SUSAN	2.2 NAME		
STREET ADDRESS	~~798 NE 35 ST~~	2.3 STREET ADDRESS	800 NE 39 ST	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☒ Change ☐ Addition
NAME	FOLDEN, SUSAN	3.2 NAME		
STREET ADDRESS	~~798 NE 35 ST~~	3.3 STREET ADDRESS	800 NE 39 ST	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☒ Change ☐ Addition
NAME	FOLDEN, GENA A.	4.2 NAME		
STREET ADDRESS	~~798 NE 35 ST~~	4.3 STREET ADDRESS	800 NE 39 ST	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	RAWLINGS, THOMAS	5.2 NAME		
STREET ADDRESS	2411 SOUREK ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address.

SIGNATURE: GENE A FOLDEN JAN 31 1995 407-361-0000
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0263740 CP