## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

4038 SE BARCELONA ST

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300005624 (0)

MULTIHULL WORLD, INC.

Principal Place of Business

4038 SE BARCELONA

STUART FL 34997 STUART FL 34997-6802 3. Date Incorporated or Qualified 3a. Date of Last Report 01/19/1993 01/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0383714 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COCQUYT, LYDIA 81 Name 4038 SE BARCELONA ST Street Address (P.O. Box Number is Not Acceptable) 82 STUART FL 34997 83 84 City 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 Stigner was type those product name of registered agent, and tille dispolicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)☐ DELETE 1.1 TITLE COCQUYT, LYDIA L R NAM F 1.2 NAME **4038 SE BARCELONA ST** STREET ADDRESS 1.3 STREET ADDRESS STUART FL CITY-S1-ZIE 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAM5 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 31 TITLE Change Addition TILLE NAV: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-S1-ZIP 34. CITY-ST-ZIP Change DELETE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - S1 - ZIP 4.4 City-St-7iP □ DELETE Change TITLE 5.1 TITLE Addition KAM 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CUY-\$1-ZIP DELETE 6.1 TITLE Change Addition TIFLE NAME 6.2 NAME STREET ADORSSS 6.3 STREET ADDRESS CHTY+S1+7IP 6.4 CITY-\$1-Z#P 14. I do 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 607, Florida Statutes; and that my name

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

561 286 6125

**FILED** 

Feb 24 1997 8:00am

Secretary of State