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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000027042 (9)

MARINA YACHT BROKERS, INC.

Principal Place of Business Mailing Address 3150 MATECUMBE KEY ROAD 3150 MATECUMBE KEY ROAD PUNTA GORDA FL 33955 PUNTA GORDA FL 33955-1907 3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1993 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0413838 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 Zip Country Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COTTER, JOHN 81 Name 3150 MATECUMBE KEY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PUNTA GORDA FL 33955** 83 84 City Zip Code 85 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 Signature typed or professionance of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)□ DELETE THILE 11 TITLE Change Addition COTTER, JOHN NAME 12 NAME 1478 MAJESTIC EAGLE COURT STREET ADDRESS 13 STREET ADDRESS FT. MYERS FL 33912 CITY-ST-ZIP 1.4 CiTY+SY-ZIP DELETE TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - ZIP 2 4 CiTY+ST-ZIP DELETE 31 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZiP 3.4. CITY - ST - ZIP THLE □ DELETE Addition 4.1 TITLE Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

6.4 CITY - ST - ZIP 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,

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CHY-ST-76

TITLE

NAME

DELETE

2/5/97 941.575-8522

Change

Addition

FILED

Feb 12 1997 8:00am

Secretary of State