

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000029792 (7)**

1. Corporation Name

PIRATES COVE YACHT BASIN, INC.



Principal Place of Business

**4307 S.E. BAYVIEW ST.
PORT SALERNO FL 34992**

Mailing Address

**P O BOX 1687
PORT SALERNO FL 34992
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

04/22/1993

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0410856

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

**KOPELOWITZ, HARVEY
750 S.E. 3RD AVE.
SUITE 100
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **CONNOLLY, MICHAEL J**
CITY - ST - ZIP **%I.S.C. MARINE GROUP, RT. 139, DYKE RD.
GREEN HARBOR MA**

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **SUNAMURA, YASUhide**
CITY - ST - ZIP **SANPHO TRADING 169-1
YOKOHAMA JA**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **GUERTIN, GARY W**
CITY - ST - ZIP **1166 S E ST LUCIE BLVD
STUART FL**

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **BEALE, JALAINÉ**
CITY - ST - ZIP **4394 S E MULFORD LANE
PORT SALERNO FL**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **TAKEYAMA, EIICHI**
CITY - ST - ZIP **666 FIFTH AVE 35TH FLOOR
NEW YORK NY**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **SEELY, ROBERT**
CITY - ST - ZIP **666 FIFTH AVE 35TH FLOOR
NEW YORK NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
1.1 TITLE **TD**
1.2 NAME **CONNOLLY, MICHAEL J.**
1.3 STREET ADDRESS **% I.S.C. MARINE GROUP, RT 139, P.O. Box 338**
1.4 CITY - ST - ZIP **GREEN HARBOR, MA 02041**

☐ Change ☐ Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition
3.1 TITLE **V S**
3.2 NAME **GUERTIN, GARY W.**
3.3 STREET ADDRESS **1166 S.E. SAINT LUCIE BLVD**
3.4 CITY - ST - ZIP **STUART, FL 34992**

☐ Change ☐ Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☒ Addition
5.1 TITLE **D**
5.2 NAME **HIDEKI YAMAGATA**
5.3 STREET ADDRESS **666 FIFTH AVE 35TH FLOOR**
5.4 CITY - ST - ZIP **NEW YORK, NY 10108**

☐ Change ☐ Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 addresses.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E034 (12/95)