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PROFIT CORPORATION ANNUAL REPORT

1996



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

| DOCUMENT # P | 3000032399 (6) |
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RHAPSODY YACHTS, INC.

| Principal Place of Business Mailing Address | | | | | | | 1 10810001 010 10100 18510 00101 | BONN BON | OO URAK HIDOR HIJID | I DIRO POLI BODI | | | | |
|---|------------------|------------------------------|--------|-------------------------|-----------|-----------------|----------------------------------|-------------------------------|--|---|---------------------|--|---------------------------------|--|
| 7380 SW 109TH TERR 7380 SW 109TH TERR. MIAMI FL 33156 MIAMI FL 33156 US US | | | | | | | | | | | | | | |
| 00 | | | | • | | | | | 3. | Date Incorporated or Qualified 05/04/1993 | 3a. (| Date of Last Re 04/11/199 | • | |
| 2. Principal (| Place of Busin | ess | 2a | . Mailing Address | | | | | 4. | FEI Number | - | [[| polied For | |
| 21 | | | 26 | - | | | | | ļ | 65-0480095 | | | Not Applicable | |
| Suite, Apt 22 | t. #, etc. | | 27 | Suite, Apt. #, etc. | | | | | 5. | Certificate of Status Desired | | | Additional Required | |
| City & Sta | ete | | 28 | City & State | | | | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees | |
| Zip - | | Gountry . | 29 | Zip Cou 9 30 | | | | | 8. This corporation has liability for Florida Statutes | | | intangible tax under s. 199.032, ☐ No | | |
| | 9, Name | and Address of Current | Regi | stered Agent | •••• | | | | 10. | Name and Address of New F | egiste | ed Agent | | |
| | | | | | | 81 | Nam | 9 | | | | | | |
| HILL, E. H. JR. 7380 SW 109 TERR | | | | 82 | Stree | t Addres | ss (P. | O. Box Number is Not Acceptat | ole) | | | | | |
| | FL 33156 | • | | | | 83 | | | | | | | | |
| | • | | | | | 84 | City | | | | F | -L 85 Zip | Code | |
| or regist | tered agent, or | both, in the State of Florid | a. Suc | th change was authorize | ed by the | corp | named oration | corporat 's board | ion s of di | submits this statement for the pulirectors. I hereby accept the app | rpose of ointmen | changing its re t as registered | egistered office agent. I am | |
| familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stonature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when revisiting) DATE | | | | | | | | | | | | | | |
| 12. | Signature, typeo | OFFICERS AND | | | 13. | - Age | II Signata | interpretary | | ADDITIONS/CHANGES TO OFF | | | BS IN 12 | |
| TITLE | P | OTTIOLITOPINE | | ☐ DELETE | 1.11 | ITLE | | T | | ADDITIONS OF ANGLO TO OFF | IOL/IO/ | ☐ Change | Addition | |
| NAME | HILL, E | H JR | | _ | 1.2 N | | | Ì | | | | | | |
| STREET ADDRESS | | W 109 TEREACE | | | 1.3 S | TREET | ADDRES | 3 | | | | | | |
| CITY-ST-ZIP | MIAMI | | | | 1.4 0 | 1.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | | | | | | 2.1 THLE | | | | | | ☐ Change | ☐ Addition | |
| NAME | | | | | 221 | AME | | | | | | | | |
| STREET ADDRESS | s | | | | 2.3 \$ | TREET | ADDRES | 5 | | | | | | |
| CITY-ST-ZIP | | | | | | TY-S | T-ZIP | 4 | | · · · · · · · · · · · · · · · · · · · | | | | |
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| NAME | | | | | 121 | | | | | | | onungo | | |
| STREET ADDRESS | | | | | | | ADDRES | | | | | | | |
| CITY-ST-ZIP | ° | | | | | | T-ZiP | ´ | | | | | | |
| TITLE | - | | | DELETE | 5. 1 | | | + - | | | | Change | Addition | |
| NAME | | | | | 52 N | AME | | | | | | | | |
| STREET ADDRESS | s | | | | 5.3 9 | TREET | ADDRES | ŝ | | | | | 1 | |
| CITY-ST-ZIP | | | | | | | T-71P | | | | | | | |
| TITLE | | | | DELETE | 6.1 | TITLE | | | | | | ☐ Change | Addition | |
| NAME | | | | | 621 | AME | | | | | | | | |
| STREET ADDRESS | s | | | | 638 | TREET | ADDRES | 5 | | | | | | |
| CITY - ST - ZIP | | | | | 640 | ITY-S | T-7IP | 1, | | | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 an address.

SIGNATURE:

| Signature And Typed or Printed Name of Signing Officer of Director

CR2E034 (12/95)