

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

APPROVED
AND
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97 OCT 30 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
94-1997

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



DOCUMENT # 943000042637
1. Corporation Name
w97-24618

Yacht Service Professionals, Inc.

Principal Place of Business
2920 Bird Avenue
COCONUT GROVE, FL 33133

Mailing Address

SAME

2. Principal Place of Business	2a. Mailing Address
21 3204 Shipping Ave	26 P.O. Box 331931
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 COCONUT GROVE FL	28 COCONUT GROVE, FL
Zip	Zip
24 33133	29 33233-1931
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
6/16/93	UNKNOWN
4. FEI Number	Applied For
65-0421601	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

STEVEN S. Siegelau
1700 University Drive
Suite 300
Coral Springs, FL 33071

10. Name and Address of New Registered Agent

81 Name	James R. Van der Veer
82 Street Address (P.O. Box Number is Not Acceptable)	3400 Pan American Dr.
83	
84 City	COCONUT GROVE FL
85 Zip Code	33133

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 *James R. Van der Veer*

9/16/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	James R. Van der Veer	
STREET ADDRESS	P.O. Box 331931	
CITY-ST-ZIP	COCONUT GROVE, FL 33233-1931	
TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Steve Carner	
STREET ADDRESS	90 Edgewater Drive	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	100002340571	<input type="checkbox"/> Addition
1.2 NAME	-11/06/97-01094-001	
1.3 STREET ADDRESS	****773.75 ****758.75	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	100002340571	
3.1 TITLE	-11/06/97-01094-001	<input type="checkbox"/> Addition
3.2 NAME	****773.75 ****773.75	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 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, or on an attachment with an address.

SIGNATURE: *James R. Van der Veer* 9/16/97 (305) 332-8304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9/16/97

CR2E034 (9/96)

YACHT SERVICE PROFESSIONALS, INC.
P.O. 331931
COCONUT GROVE, FLORIDA 33133-1931
(305)858-3600
(305)332-8304

Division of Corporations
State of Florida
P.O. Box 6327
Tallahassee, FL 32314
ATTN: REINSTATEMENT DIV.

Dear Sir:


Due to address changes following the temporary relocation and the then permanent relocation of our business after hurricane Andrew, we did not receive annual filing fee forms for the renewal of our corporation. Unfortunately, we also did not know that an annual fee was necessary, nor were we ever informed by our legal or accounting counsel.

Just recently, we were made aware of this problem, and after length conversation with a Mr. Slogan, I have completed form 201. Cor Profit A/R for 1997. In addition, Mr. Slogan informed me that by paying \$200.00 for year 1994, \$200.00 for year 1995, \$200.00 for year 1996 and \$165.00 for year 1997 for a total of \$765.00 we could have our corporation reinstated. I am also requesting a Certificate of Status for an additional \$8.75.

I have enclosed our Annual Report form for 1997 and a check for \$773.75 made payable to the Department of State. I sincerely trust that you will accept this form and our check, and reinstate us to full active corporation status within the State of Florida.

Thank you in advance for your help and understanding in this matter.

Best personal regards,


James R. Van der Veen
President