

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 # **P93000047084 (7)**

1. Corporation Name

PALM BEACH YACHT SALES INC.



Principal Place of Business

**3311 NE 5TH AVE.
POMPAHO BEACH FL 33064**

Mailing Address

**3311 NE 5TH AVE.
POMPAHO BEACH FL 33064**

3. Date Incorporated or Qualified
05/29/1993

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0414731

Applied For
Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible taxes under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERGMAN, WILLIAM
3311 NE 5TH AVE.
POMPAHO BEACH FL 33064**

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 607.1305, 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 of Registered Agent required when changing)

(Signature of Agent required when registering)

(A.L.)

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP
4. NAME
5. STREET ADDRESS
6. CITY, STATE, ZIP
7. NAME
8. STREET ADDRESS
9. CITY, STATE, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. NAME
17. STREET ADDRESS
18. CITY, STATE, ZIP
19. NAME
20. STREET ADDRESS
21. CITY, STATE, ZIP
22. NAME
23. STREET ADDRESS
24. CITY, STATE, ZIP
25. NAME
26. STREET ADDRESS
27. CITY, STATE, ZIP
28. NAME
29. STREET ADDRESS
30. CITY, STATE, ZIP

**D
BERGMAN, WILLIAM
3311 NE 5TH AVE.
POMPAHO BEACH FL 33064**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, STATE, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, STATE, ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, STATE, ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, STATE, ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, STATE, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 or Block 14, or in an attachment with an address.

SIGNATURE:

SIGNATURE OF OFFICER OR DIRECTOR NAME OF SIGNING OFFICER OR DIRECTOR

Exp.

Return Photo to

William Bergman
WILLIAM BERGMAN
2/10/96
0247887916

CR2E034 (12/95)