

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000052766 (1)**

1. Corporation Name

HORIZON YACHT CHARTERS, INCORPORATED



Principal Place of Business

Mailing Address

**231 CAPRI BLVD.
ISLE OF CAPRI FL 33962
US**

**2086 SEVILLA WAY
NAPLES FL 33942
-US**

2. Principal Place of Business

2a. Mailing Address

21

26

231 CAPRI BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

NAPLES, FLORIDA

23

28

Zip

Country

Zip

Country

24

25

29

30

33962

US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/28/1993

3a. Date of Last Report

02/08/1995

4. FEI Number

65-0427446

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

10. Name and Address of New Registered Agent

**WAGNER, DONALD M.
2086 SEVILLA WAY
NAPLES FL 33942**

81 Name

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

231 CAPRI BLVD

84 City

NAPLES

FL

85 Zip Code

33962

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 of agent or officer of corporation

NOTE: Registered Agent signature required when reinstating

DATE

1/29/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WAGNER, DONALD M.	
STREET ADDRESS	2086 SEVILLA WAY	
CITY- ST- ZIP	NAPLES FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LIPKO, LIANE M	
STREET ADDRESS	240 N COLLIER BLVD., #A9	
CITY- ST- ZIP	MARCO ISLAND FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	231 CAPRI BLVD
1.4 CITY- ST- ZIP	NAPLES FL 33962
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	231 CAPRI BLVD
2.4 CITY- ST- ZIP	NAPLES FL 33962
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/96 (941) 394-9226

CR2E034 (12/95)