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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

19	996	DIVISION OF C	CORPORATIONS	_	
DOCUM 1. Corporation Na	ENT # P9300	0057185 (9)		
SAILING	S EQUIPMENT & ACCESS	ORY SYSTEMS, INC.		I ARAMESI MA ARLES INIC SANS SA	DI BOLLA DOLDI DILAH IBBU DIBBU TERNI DILAH 1864
Principal Place of	Business	Mailing Address) [[[]] []] [[]] []	AT ABŞIL ABLAR DENIS INSAL ŞEDDI IBSAR BINI IBBA
,		P.O. BOX 4192			
1964 CARROLL ST. CLEARWATER FL 34625		CLEARWATER FL 346	18		,
		US		3. Date Incorporated or Qualified	3a. Date of Last Report 04/25/1995
				08/16/1993 4. FEI Number	Applied For
2. Principal Place	e of Business	2a. Mailing Address 26		59-3195491	Not Applicable
21 546 Pa Suite, Apt. #, I	Ilmetto Ro	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			ree naquired
City & State	• •	Oity & Stafe		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	ir, FLA	28 Zip	Couritry	8. This corporation has liability for	
Zip 24 3 4616	Country 25 U.S.A	29	30	Florida Statutes	☑ No
24 9 1014	9. Name and Address of Current			10. Name and Address of New I	Registered Agent
			81 Name		
CHAMBI	erlin, therese M		82 Street Acid	ress (P.O. Box Number is Not Acceptal	ole)
1964 CARROLL ST.			83		
	METTO ROAD		<u></u>		85 Zip Code
	AIR FL 34616		84 City	ration submits this statement for the pured of directors. Thereby accept the app	FL
familiar with	diagent, or both, in the State of Fioric , and accept the obligations of Section	on bur goda, Florida Statilies	ult Politimed April signative instin	ration stomats his statement for the ported of directors. Thereby accept the app	DA's
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
TITLE	D	☐ DELETE	1 1 TIALE		E Grange E Assures
NAME	CHAMBERLIN, THERESE M		1.2 NAME L. 1.3 STHEFT ADDRESS		
STREET ADDRESS	546 PALMETTO RD.		14 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	BELLEAIR FL 34616	DELETE	2 1 TILLE		Change Addition
NAME		-	2.2 NAME		
STREET ADDRESS			2.3 STREFT ADDRESS		
CITY-ST-ZIP			24 CI*V - ST - ZIP		Change Addition
TITLE		☐ DELETE	3 1 TITLE 32 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY - \$1-ZIP		
TITUE		☐ DELETE	4 1 TiTLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		ED SELEC	44 CITY ST-ZP		☐ Change ☐ Addition
TITLE		☐ DEFELE	5 1 TITLE		
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			5.4 C-TY - ST - ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6 1 TIPLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		

64.01Y-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 my 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
THERESE M. CHAMBERIA

20 April 96 813 585 6785