

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000057185 (9)

1. Corporation Name

SAILING EQUIPMENT & ACCESSORY SYSTEMS, INC.



Principal Place of Business

1964 CARROLL ST.
CLEARWATER FL 34625

Mailing Address

P.O. BOX 4192
CLEARWATER FL 34618
US

3. Date Incorporated or Qualified
08/16/1993

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 546 Palmetto Rd

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Belleair, FLA

28 Zip

24 34616

25 USA

29 Zip

30 Country

4. FEI Number
59-3195491

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAMBERLIN, THERESE M
1964 CARROLL ST.
546 PALMETTO ROAD
BELLEAIR FL 34616

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 607.1508, 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 (typed or printed name of registered agent, if applicable)

Signature (typed or printed name of registered agent, if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CHAMBERLIN, THERESE M
STREET ADDRESS 546 PALMETTO RD.
CITY- ST- ZIP BELLEAIR FL 34616

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5. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6. TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

SIGNATURE:

Theresa M. Chamberlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THERESE M. CHAMBERLIN

20 April 96

813 585 6785

Daytime Phone #

CR2E034 (12/95)