


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

FILED  
May 20 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P93000057185 (9)  
1. Corporation Name  
SAILING EQUIPMENT & ACCESSORY SYSTEMS, INC.



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| Principal Place of Business<br>1984 CARROLL ST.<br>CLEARWATER FL 34625 | Mailing Address<br>546 PALMETTO RD<br>BELLEAIR FL 34616-1436<br>US |
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|   |  |  |  |   |                                       |
|---|--|--|--|---|---------------------------------------|
| 2. Principal Place of Business<br>21 546 Palmetto Rd<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 Belleair Florida<br>Zip<br>24 33756 |  | 2a. Mailing Address<br>26 P.O. Box 4192<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 Clearwater FLA.<br>Zip<br>29 33758<br>Country<br>30 USA |  | 3. Date Incorporated or Qualified<br>08/16/1993   | 3a. Date of Last Report<br>04/25/1996 |
|   |  |  |  | 4. FEI Number<br>59-3195491   | Applied For<br>Not Applicable         |
|   |  |  |  | 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required        |
|   |  |  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees           |
|   |  |  |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|  |  |   |  |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent 33758<br>CHAMBERLIN, THERESE M<br>1984 CARROLL ST.<br>546 PALMETTO ROAD<br>BELLEAIR FL 34616 |  | 10. Name and Address of New Registered Agent<br>81 Name Same<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>delete Carroll St address<br>83<br>84 City Belleair FL 85 Zip Code 33756 |  |
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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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------------------|---|--|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHAMBERLIN, THERESE M             | 1.2 NAME  |  |
| STREET ADDRESS             | 546 PALMETTO RD.                  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BELLEAIR FL 34616                 | 1.4 CITY-ST-ZIP                                       | ZIP = 33756  |
| TITLE                      | <input type="checkbox"/> DELETE   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                   | 2.2 NAME  |  |
| STREET ADDRESS             |                                   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                   | 3.2 NAME  |  |
| STREET ADDRESS             |                                   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                   | 4.2 NAME  |  |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                   | 5.2 NAME  |  |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                   | 6.2 NAME  |  |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                   | 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.

THERESE M. CHAMBERLIN

CR2E034 (9/96)