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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000059110 (5) 1. Corporation Name HOGAN'S YACHT SERVICE INC.								
Frincipal Place of Business 3120 PINETREE DRIVE NAPLES FL 33962 US		Mailing Address 3120 PINETREE DRIVE NAPLE FL 33962 US				*****	91 11E11 4 E11 1981	
					3. Date Incorporated or Qualified 08/17/1993		of Last Re 4/12/19	
2. Principal Pla	nce of Business	2a. Mailing Address 26			4. FEI Number 65-0428358			Applied For
Suite, Apt. #	i, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be
Ζφ 24	Country 25	Z(p)	Country 30		8. This corporation has liability for florida Statutes Yes	or intangible ta es M No	x under s	199.032,
	9. Name and Address of Cu	rrent Registered Agent	81	None	10. Name and Address of New	Registered .	Agent	
HOGAN	, EDWARD F		L.1	Name	and a company of the	 		
1860 H	OLIDAY LANE		82	Street Addi	ess (P.O. Box Number is Not Accept	able) 		
	NETREE DRIVE S FL 33962		83					
TIM CCO	7 E 0000E		84	City		FL	85 Zr	Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0 ed agent, or both, in the State of F h, and accept the obligations of, S	0502 and 607, 1508, Floridh Statu Horida. Such change was author Section 607,0505, Florida Statute	ites, the above nized by the corposes.	iamed corpor pration's boar	ation submits this statement for the production of directors. I hereby accept the ap	ourpose of cha opointment as	inging its r registered	egistered office agent. I am
familiar with SIGNATURE	h, and accept the obligations of, S Styrative typod or printed name of registeres a	Section 607,0505, Ficinida Statute agent and tille it applicates (financial control of the contr	es. VOTE Registered Ageni 13.			DATE FICERS AND	DIRECTO	RS IN 12
SIGNATURE SIGNATURE STREEL ADDRESS	h, and accept the obligations of, S Styrature: Muscler printed name of registrace. OF FICERS P HOGAN, EDWARD 1860 HOLIDAY LANE	Section 607.0505, Florida Statute	PS. NOTE Registered April 13. 1 1 THE 12 NAME 1 3 STREET	Lisgnestric regime	1 where reinstatings	DATE FICERS AND		
SIGNATURE 12. THE NAME	h, and accept the obligations of, S Styrature typed or printed name of registress OF FICERS P HOGAN, EDWARD	Section 607,0505, Ficinida Statute agent and tille it applicates (financial control of the contr	PS. 13. 1 1 THUE 12 NAME	Lagratura regional Appress 1-7P	1 where reinstatings	DATE FICERS AND E	DIRECTO	RS IN 12
Tamiliar with SIGNATURE STATE	h, and accept the obligations of, S Styrature: Muscler printed name of registrace. OF FICERS P HOGAN, EDWARD 1860 HOLIDAY LANE	Socition 607,0505, Filorida Statute egent and tille it application (it AND DIRECTORS [] DELETE	13. 1 THE 12 NAME 1 3 STREET A 1 THE 22 NAME	Appress 1-7P Address	1 where reinstatings	DATE FRICERS AND [DIRECTO Change	RS IN 12
TAMBLE SIGNATURE 12. THE NAME STREEL ADDRESS C-TY-ST-Z-P THEE NAME SHREEL ADDRESS C-TY-ST-Z-P THEE NAME SHREEL ADDRESS C-TY-ST-Z-P THEE NAME STREEL ADDRESS	h, and accept the obligations of, S Styrature: Muscler printed name of registrace. OF FICERS P HOGAN, EDWARD 1860 HOLIDAY LANE	Socition 607.0505, Filorida Statute egent and tille it application AND DIRECTORS [] DELETE	13. 1 1 THE 12 NAME 13 STREET / 14 CHY-ST 2 THE 22 NAME 23 STREET / 3 1 THE 32 NAME 33 STREET	ADDRESS 1-ZP ADDRESS 1-ZP ADDRESS	1 where reinstatings	DATE FRICERS AND [DIRECTO Change Change	RS IN 12 Addit on Addit on
TARMINE WITH SIGNATURE STREET ADDRESS CITY-ST-ZIP THE NAME	h, and accept the obligations of, S Styrature: Muscler printed name of registrace. OF FICERS P HOGAN, EDWARD 1860 HOLIDAY LANE	Socition 607.0505, Filorida Statute egent and tille it application AND DIRECTORS [] DELETE	13. 1 1 TILE 1 2 NAME 1 3 STREEL / 1 4 CHY-SI 2 1 TILE 22 NAME 23 STREEL / 24 CHY-SI 3 1 TILE 32 NAME 33 STREEL 34 CHY-SI 4 TILE 42 NAME	ASSERTS ASSERT ASSERTS ASSERTS ASSERTS ASSERTS ASSERTS ASSERTS ASSERTS ASSERTS	1 where reinstatings	DATE FICERS AND [DIRECTO Change Change	RS IN 12 Addit on Addit on
TAME SHEEL ADDRESS CITY-ST-ZIP TILLE NAME SHEEL ADDRESS CITY-ST-ZIP TILLE NAME SHEEL ADDRESS CITY-ST-ZIP TILLE NAME STREEL ADDRESS CITY-ST-ZIP TILLE NAME STREEL ADDRESS CITY-ST-ZIP TILLE TILLE NAME TILLE NAME TILLE	h, and accept the obligations of, S Styrature: Muscler printed name of registrace. OF FICERS P HOGAN, EDWARD 1860 HOLIDAY LANE	Soction 607,0505, Filorida Statute egent and tile it applicable AND DIRECTORS [] DELFTE [] DELFTE	13. 1 TILE 12 NAME 13 STREET 14 CHY-S1 22 NAME 23 STREET 24 CHY-S1 3 TILE 32 NAME 33 STREET 34 CHY-S1 4 TILE	ACORESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 4- ZIP	1 where reinstatings	DAIL FICERS AND	DIRECTO Change Change	Addition Addition Addition
TAME SIRELI ADDRESS CITY-ST-ZIP THLE NAME STREEL ADDRESS C-TY-ST-ZIP THLE NAME STREEL ADDRESS	h, and accept the obligations of, S Styrature: Muscler printed name of registrace. OF FICERS P HOGAN, EDWARD 1860 HOLIDAY LANE	Soction 607.0505, Fickida Statute egent and tile it assistance AND DIRECTORS [] DELFTE [] DELFTE	13. 1 1 THE 12 NAME 13 STREEL 14 CHY-S1 2 NAME 23 STREEL 24 CHY-S1 3 THE 32 NAME 33 STREEL 4 CHY-S1 4 THE 42 NAME 43 STREEL 52 NAME 53 STREEL 52 NAME 53 STREEL 52 NAME 53 STREEL 53 NAME 53 STREEL 54 STREEL 55 NAME 55 STREEL	ACORESS 1- ZIP	1 where reinstatings	DAIL FICERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
Tamiliar with SIGNATURE 12. THE NAME STREEL ADDRESS CITY-SI-ZIP	h, and accept the obligations of, S Styrature: Muscler printed name of registrace. OF FICERS P HOGAN, EDWARD 1860 HOLIDAY LANE	Soction 607.0505, Fickida Statute egent and tile it assistance AND DIRECTORS [] DELFTE [] DELFTE	13. 1 TITLE 12 NAME 13 STREEL 14 GHY-ST 2 TITLE 22 NAME 23 STREEL 24 CHY-ST 3 TITLE 32 NAME 33 STREEL 4 TITLE 42 NAME 43 STREEL 42 NAME 43 STREEL 52 NAME 53 STREEL 54 TITLE 55 NAME	ADDRESS 1- ZIP	1 where reinstatings	DATE FRICERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition

ceruly man true information infocated by in this annual report or supplemental annual report or

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 941/793-6234