

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 23 PM 3:08

**DOCUMENT # P93000073426 (7)**

1. Corporation Name  
**DALE YACHTS, INC.**

Principal Place of Business      Mailing Address  
**321 ROYAL POINCIANA PLAZA      321 ROYAL POINCIANA PLAZA**  
**PALM BEACH FL 33480              PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>10/20/1993</b>	3a. Date of Last Report <b>03/11/1994</b>
4. FEI Number <b>65-0443106</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under § 199.04, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>757 SE. 17th St.</b>	26 <b>757 SE. 17th St.</b>
Suite, Apt. #, etc	Suite, Apt. #, etc
22 <b>SUITE 208</b>	27 <b>SUITE 208</b>
City & State	City & State
23 <b>FT. LAUDERDALE, FL</b>	28 <b>FT. LAUDERDALE, FL</b>
Zip	Zip
Country	Country
24 <b>33316</b>	25 <b>USA</b>
29 <b>33316</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**MAASS, JOHN A**  
**321 ROYAL POINCIANA PLAZA**  
**PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b>
B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0503 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 (1) Current Name of registered agent and (2) New registered agent, if applicable. (3) Registered Agent Corporation and other membership.

12. OFFICERS AND DIRECTORS

TITLE	<b>DPST</b>
NAME	<b>PETROSKY, JOHN D</b>
STREET ADDRESS	<b>7830 OCEANSIDE</b>
CITY, ST, ZIP	<b>FAIRHAVEN MI</b>
TITLE	<b>AS</b>
NAME	<b>MAASS, ROBB R.</b>
STREET ADDRESS	<b>321 ROYAL POINCIANA PLAZA</b>
CITY, ST, ZIP	<b>PALM BCH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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 is true and valid, and that the information stated is true and valid under Florida Statutes. I hereby certify that the information included 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, the name of the business organization to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as requested, or on an addition with an asterisk.

SIGNATURE: *John D Petrosky* PRES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 FEB, 95 305-872976