

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000073426 (7)**

1. Corporation Name
DALE YACHTS, INC.



Principal Place of Business: **757 SE 17TH ST SUITE 208 FT LAUDERDALE FL 33316 US**
Mailing Address: **757 SE 17TH ST SUITE 208 FT LAUDERDALE FL 33316 US**

3. Date Incorporated or Qualified: **10/20/1993**
3a. Date of Last Report: **02/23/1995**
4. FEI Number: **65-0443106**
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

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: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 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: *John A. Maass*

Print: **John A. Maass**

Date:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETROSKY, JOHN D	2. NAME	
STREET ADDRESS	7830 OCEANSIDE	3. STREET ADDRESS	
CITY-STATE-ZIP	FAIRHAVEN MI	4. CITY-STATE-ZIP	
TITLE	AS	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAASS, ROBB R.	6. NAME	
STREET ADDRESS	321 ROYAL POINCIANA PLAZA	7. STREET ADDRESS	
CITY-STATE-ZIP	PALM BCH FL	8. CITY-STATE-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-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 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.

SIGNATURE: *John A. Maass*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 MAR, 96 **810-774-7307**
Date: Secretary of State

3 DALE PETROSKY - PRESIDENT

CR2E034 (12/95)