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

CORPORATION ANNUAL REPORT



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

1996

P93000081824 (3)

DOCUMENT #

1. Corporation Name

CALIBI	er yachts, inc.							
Principal Place of Business Mailing Address							A BERNIK ADIDA IDIDA 184	EAT LAITH TINT STAT TON
4551 107TH CIRCLE NORTH CLEARWATER FL 34622		4551 107TH CIRCLE NORTH CLEARWATER FL 34622						
						<ol> <li>Date Incorporated or Qualified</li> <li>11/30/1993</li> </ol>	3a. Date of L 05/0	ast Report 1/1995
2. Principal Pla	ace of Business	2a. Mailing Address				4, FEI Number 59-3220421		Applied For Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$	8.75 Additional Fee Required
City & State		City & State	<b>├</b> '			Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees
Zip 24	Country Zip Country 25 29 30					8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New F	legistered Age	nt
MCCREARY, MICHAEL 4551 107TH CIRCLE NORTH CLEARWATER FL 34622				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  85 Zip Code				
or register familiar wi	to the provisions of Sections 607.0: red agent, or both, in the State of F th, and accept the obligations of, S	iorida. Such change was authorized	the abort by the c	orp	named corpor oration's boa	ration submits this statement for the purific difference of directors. I hereby accept the app	rpose of changir pointment as regi	g its registered office stered agent. I am
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	Registered	Ager	it signature require	d when reinstating!	DATE	
12.		FFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1, 1 7(	1. 1 TITLE			☐ ¢	hange 🔲 Addition
NAME	MCCREARY, MICHAEL			1.2 NAME				
STREET ADDRESS	* **** * *** * * * * * * * * * * * * * *			1.3 STREET ADDRESS				
CITY - \$1 - ZIP	CLEARWATER FL				ST-ZIP			hanni 🖸 Addition
	DU	☐ DELETE	2 1 1	T) E	1		ПС	nange

MCCREARY, GEORGE 2.2 NAME NAME 4551 107TH CIRCLE NORTH 2 3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** 2 4 CITY - S1 - ZIP ☐ Change ☐ Addit-on DELETE 3 1 TITLE TITLE 32 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change ■ Addition □ DELETE 4. 1 TITLE THILE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - S1 - ZIP Change Addition DELETE 5 1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP C-TY-ST-ZIP ☐ Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP

14. Ido 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.

Scorge O. Micreary 2/1/96