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 #

P93000083098 (2)

1. Corporation Name

BRISTOL YACHT INTERIORS, INC.

200 E. LAS OL FT. LAUDERDA 2. Principal Plac	MCNERNEY, MORGAN, SOLOMON AS BLVD., STE. 1800 LE FL 33301 e of Business W 334 C+	200 E. LAS OLAS BL FT. LAUDERDALE FL 2a. Mailing Address 26 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 12/06/1993 4. FEI Number 65-0454830 5. Certificate of Status Desired	3a. Date of Last Report 06/07/1994 Applied For Not Applicable \$8.75 Additional Fee Required
City & State	uderdale, FL.	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zio クラクし、	Country 25 D (Paulard	Z _I p	Country 30	8. This corporation has liability for i	
* 777	9. Name and Address of Current	3 J		10. Name and Address of New R	egistered Agent
C/O BRIN 200 E. L/ FT. LAUD	CHRISTOPHER M IKLEY, MCNERNEY, ET AL IS OLAS BLVD., STE. 1800 ERDALE FL 33301		83 84 City	ess (P.O. Box Number is Not Acceptab	FL 85 Zip Code
or registere familiar with	d agent, or both, in the State of Florida , and accept the obligations of, Soction gnature, typed or printed name of registered agent a	Such change was author in 607.0505, Florida Statute dute if apolicable	ized by the corporation's boar as. NOTE Registered Agent signature require	ation submits this statement for the pur d of directors. I hereby accept the appr of when renstating! ADDITIONS/CHANGES TO OFF	DATE
12.	PSTD OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	KLIMAS, WILLIAM 270 SW 33RD CT. FT. LAUDERDALE FL 33315		. 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE NAME STREET ADORESS		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Chançe ☐ Addition
TITLE NAME STREET ADDRESS		DELETE	3.1 TITLE 3.2 NAME 3.3. STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CHY-ST-ZIP TITUE NAME STREET ADDRESS		DELÉTE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5 4 CITY - ST - ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP		☐ Change ☐ Addition
14. I do hereb certify that		ial report or supplemental a ration or the receiver or tru:	urnished and does not qualify innual report is true and accurrate empowered to execute the	for the exemption stated in Section 119 ate and that my signature shall have the ils report as required by Chapter 607, F	

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. Klimes 4 26 96

954/523-012

CR2E034 (12/95)