FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

NAMÉ

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000011016 (0)

MIDCOAST YACHT SALES, INC.

Principal Place of Business Mailing Address 3095 SE ELLENDALE STREET STUART FL 34997 PO BOX 475 PORT SALERNO FL 34992-0475 3. Date Incorporated or Qualified 3a. Date of Last Report 02/03/1994 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0472037 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Zip Country Žφ 8. This corporation has fiability for intangible tax under s. 199.032 Yes 🔲 No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name AMES, JOHN A 3095 SE ELLENDALE ST. 82 Street Address (P.O. Box Number is Not Acceptable) STUART FL 34997 83 84 Zip Code City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flurida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered spent, 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 purpose of changing its registered agent. I am familiar purpose of changing its registered agent. I am familiar purpose of Section 607.0505, Florida Statutes. SIGNATU (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change X Addition DELETE TITLE D 1.1 TO LE Ames Priscilla R: 3095' SE Ellendale St. AMES, JOHN A NAME 1.2 NAME 3095 SE ELLENDALE ST. 1.3 STREET ADDRESS STREET ADDRESS Stuart, FL 34992 STUART FL CITY-ST-ZIP 1.4 City - \$1 - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 1/116 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - S1 - Z(P CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-S1-7IP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition Change 61 HILE TITLE

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if shanged, or the corporation or the receiver of the corporation of the corporation or the receiver of the corporation.

6.3 STREET ADDRESS 6.4 CPY+ST-7IP

6.2 NAME

1- 22 200 4000

FILED

May 01 1997 8:00am

Secretary of State