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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000029459 (2)

1. Corporation Name
LAUDERDALE YACHT BASIN, INC.

Principal Place of Business
2001 S.W. 20TH ST.
FT. LAUDERDALE FL 33315

Mailing Address
2001 S.W. 20TH ST.
FT. LAUDERDALE FL 33315-1826



3. Date Incorporated or Qualified 04/15/1994
3a. Date of Last Report 08/06/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 P.O. Box 23800		65-0517551		Not Applicable	
22 City & State		27		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28 FT. Lauderdale, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 33307		30 Broward	
26		27		31		32	

9. Name and Address of Current Registered Agent

HUSSEY, RICHARD F
633 S. FEDERAL HWY.
SUITE 400
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name MARILYN K. SUMMITT
82 Street Address (P.O. Box Number is Not Acceptable) 1630 N. FEDERAL HIGHWAY
83
84 City FT. LAUDERDALE, FL 85 Zip Code 33305

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

Marilyn K. Summitt

4/25/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUFF, RICHARD	
STREET ADDRESS	2001 SW 20 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLS, DIANE	
STREET ADDRESS	2001 SW 20 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES W. SMITH	
1.3 STREET ADDRESS	402 DEL MAR	
1.4 CITY-ST-ZIP	CORPUS CHRISTI, TX 78463	
2.1 TITLE	V/P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PETER R BROWN	
2.3 STREET ADDRESS	4776 GROSVENOR	
2.4 CITY-ST-ZIP	MONTREAL, QUE. CANADA H3C 2L8	
3.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PATRICIA MANDEL	
3.3 STREET ADDRESS	4611 S. UNIVERSITY DR, #211	
3.4 CITY-ST-ZIP	DALE, FL 33328	
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 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 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:

Patricia Mandel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

954 522-3655

Date

Daytime Phone #

CR2E034 (9/96)