

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000035462 (8)**

1. Corporation Name  
**H.M.S. YACHT SALES, INC.**



Principal Place of Business  
**325 BAY FOREST DR #104  
NAPLES FL 33963**

Mailing Address  
**325 BAY FOREST DR #104  
NAPLES FL 33963**

3. Date Incorporated or Qualified <b>05/05/1994</b>	3a. Date of Last Report <b>04/18/1995</b>
4. FEI Number <b>65-0492652</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has Liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>3449 DONOSO Ct.</b> 22 State, Apt. #, etc. 23 <b>NAPLES, FL</b> 24 <b>33999</b> 25 <b>COLLIER</b>	2a. Mailing Address 26 <b>3449 DONOSO Ct.</b> 27 State, Apt. #, etc. 28 <b>NAPLES, FL</b> 29 <b>33999</b> 30 <b>COLLIER</b>
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9. Name and Address of Current Registered Agent

**WILSON, GARY K  
4501 TAMiami TRAIL N SUITE 400  
NAPLES FL 33940**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.050 and 607.101, 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 607.040, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	<b>3449 DONOSO COURT</b>
CITY-STATE-ZIP		4. CITY-STATE-ZIP	<b>NAPLES, FL 33999</b>
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2.3 STREET ADDRESS	<b>3449 DONOSO COURT</b>
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	<b>NAPLES, FL 33999</b>
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is accurate, true and correct and does not qualify for the exemption stated in Section 119.04(3)(g), Florida Statutes. I further certify that the information included on this annual report or supplement if 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 additional statement address.

SIGNATURE: *Sandra L. Mosier* 1-23-96 941-594-8530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)