FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:46
TALLAHASSEE, FLORIDA

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-05/30/95--01017--023
****400.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000041038 (8)

1. Corporation Name
CORINTHIAN CATAMARANS, INC.

Principal Place of Business	Mailing Address
1065 ISLAND AVENUE TARPON SPRINGS FL 33689	1065 ISLAND AVENUE TARPON SPRINGS FL 33689

3. Date Incorporated or Qualified: 06/01/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 34689 — Country 25	Zip 29 34689 — Country 30

4. FEI Number: 59-3248850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~COLEMAN, STEPHEN P ESQ.~~ ~~311 PARK PLACE BLVD.~~ ~~SUITE 240~~ ~~CLEARWATER FL 34619~~	81 Name: James J. Spanolios Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 36358 U.S. Hwy. 19 North 83 84 City: Palm Harbor FL 85 Zip Code 34684

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 [signature] Frank Carberry. [signature] JAMES J. SPANOLIOS ATTORNEY AT LAW 36358 U.S. HIGHWAY 19 NORTH PALM HARBOR, FLORIDA 34684 5/1/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	HEBERLE, GARY	1 2 NAME	
STREET ADDRESS	1065 ISLAND AVENUE	1 3 STREET ADDRESS	
CITY ST ZIP	TARPON SPRINGS FL 34689	1 4 CITY ST ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	VERCRUYSSE, DEE	2 2 NAME	
STREET ADDRESS	5623 MOSAIC DRIVE	2 3 STREET ADDRESS	
CITY ST ZIP	HOLIDAY FL 34690	2 4 CITY ST ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	CARBERRY, FRANK	3 2 NAME	
STREET ADDRESS	405 DEMPSEY ROAD	3 3 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL 34660	3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do 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 the 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: [signature] Frank Carberry 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
(813) 934-6055

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