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Apr 24 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 # P94000041154 (3)

1. Corporation Name:
DAY SAIL CHARTERS, INC.



Principal Place of Business: P.O. BOX 21592, FORT LAUDERDALE FL 33335 US
Mailing Address: P.O. BOX 21592, FORT LAUDERDALE FL 33335-1592 US

3. Date Incorporated or Qualified: 06/02/1994
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 65-0515277		Applied For: Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		29. Country		30. Country	
24. Zip		25. Country		29. Zip		30. Country	

9. Name and Address of Current Registered Agent WALDERA, CHRISTOPHER B 1225 SE 2 AVE FT LAUDERDALE FL 33316				10. Name and Address of New Registered Agent			
81. Name: CHRISTOPHER B. WALDERA				82. Street Address (P.O. Box Number is Not Acceptable): 1323 SE 3RD AVENUE			
83. City: FT. LAUDERDALE				84. State: FL		85. Zip Code: 33316	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: GEDDES, HAROLD G	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: P.O. BOX 21592 N/A	CITY-ST-ZIP: FORT LAUDERDALE FL 33335	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE: VSD	NAME: GEDDES, CAROLE J	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: P.O. BOX 25192 N/A	CITY-ST-ZIP: FORT LAUDERDALE FL 33335	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE:	NAME:	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE:	NAME:	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE:	NAME:	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE:	NAME:	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	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: *Harold G Geddes* HAROLD G GEDDES 4-16-97 954 830-9327

CR2E034 (9/96)