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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P940004966
COASTAL YACHT SALES AND SERVICES, INC. P94000049665 (0)

FILED Jan 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						ו אינוער אינער אינע			
1830 SEVILLA	VACVO 13846	13846 ATLAN	ITIC BLVD	۵					
ATLANTIC BE	ACH FL 32233 JACK	CE OCI SUNSUNIU	LL FL DEEEDVES	•					
UNIT 190 A THA MTIC DLUG JACKSONVILLE FL 32225-3239 ADJANTIC BEACH FL 32233 JACKSONVILLE FL 32225-3239 3 2 2 2 5						3. Date Incorporated or Qualified			
	ace of Business	2a. Mailing Ad	dress			4. FEI Number	*	Ar	plied For
21		26			·	59-3261907			t Applicable
Suite, Apt #	#, etc	Suite: Apl.	#, étc.			5. Certificate of Status Desired	□ \$	8.75 / Fee Re	Additional equired
City & State City & State						6. Election Campaign Financing	\$5.00 May Be		
23		28			****	Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	·	Country	/	8. This corporation has liability for i			199.032.
24	25 9. Name and Address of Currer	29 29	30			Florida Statutes 10. Name and Address of New Re	Yes N		
НА	YWARD, RONALD E SR	it negistered Agen		81	Name	TO. Harris and Address of their fie	Aleman vide	<u></u>	
	846 ATLANTIC BLVD								
	CKSONVILLE FL 32225			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
•				83				-	
				84	City		8	5 Zip	Code
					,	poration submits this statement for the p	FL	- I	
agent. Lar SiGNATURE	n) familiar with, and accept the oblig	ations of Section 60	07.0505, Florida	Statute	5 .	ition's board of directors. I hereby acceptions are when reinstating)	DATE		g
12.		D DIRECTORS		13.	- 3	ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12
TITLE	PD		DELETE	1 : TOTLE				Change	Addition
NAME	HAYWARD, RONALD E JR			1.2 NAME					
STREET ADDRESS	13846 ATLANTIC BLVD			1.3 STREE	T ADDRESS				
CITY+S1+2IF	JACKSONVILLE FL			1.4 CITY-	ST-ZIP				77.00
TITLE	VSD HAYWARD, RONALD E SR		I	2.1 TITLE				Change	☐ Addition
NAME	13846 ATLANTIC BLVD			2 2 NAME	, ADDRESS				
STREET ADDRESS	JACKSONVILLE FL		1		F ADDRESS				
CITY-ST-ZIP TITLE		П		2 4 CITY- 3 1 TITLE	51 - ZIP		П	Change	Addition
NAME		hd		32 NAME			لسا	J, 190	
STREET ADOFESS					T ADDRESS				
CITY-ST-ZIP			1	3.4. CITY	1				
TITLE				41 TITLE		7-111-1		Change	Addition
NAME			ı	4. 2 NAME					
STREET ADDRESS				4.3 STREE	T ADDRESS				
CITY-ST-ZIP				4.4 CITY-	ST - ZIP	-			
TITLE			DELETE	5.1 TITLE				Change	Addition
NAME				5.2 NAME					
STREET ADDRESS			1	5.3 STREE	T ADDRESS				
CITY-ST-ZIP				5.4 CITY -	ST-ZIP				
TITLE			DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					
STPEET ADDRESS			1	6.3 STREE	T ADDRESS				
CITY - ST - ZIP				6 4 CITY -	ST - ZIP				

I do hereby certify that the information supplied with this fung 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: