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 APR 28 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000064002 (6)**

1. Corporate Name
COR BOAT SERVICES, INC.

Principal Place of Business
1040 DEL HARBOR DRIVE
DELRAY BEACH FL 33483

Mailing Address
1040 DEL HARBOR DRIVE
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/25/1994**
3a. Date of Last Report:

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) County (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) County (30)

4. FEI Number: 65-0514951 ☐ 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

PERRY, MARK A
1040 DEL HARBOR DRIVE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS

31 TITLE	PSTD
32 NAME	CORBETT, REG D
33 STREET ADDRESS	1040 DEL HARBOR DRIVE
34 CITY-ST-ZIP	DELRAY BEACH FL 33483
35 TITLE	
36 NAME	
37 STREET ADDRESS	
38 CITY-ST-ZIP	
39 TITLE	
40 NAME	
41 STREET ADDRESS	
42 CITY-ST-ZIP	
43 TITLE	
44 NAME	
45 STREET ADDRESS	
46 CITY-ST-ZIP	
47 TITLE	
48 NAME	
49 STREET ADDRESS	
50 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

55 TITLE	☐ Change ☐ Addition
56 NAME	
57 STREET ADDRESS	
58 CITY-ST-ZIP	
59 TITLE	☐ Change ☐ Addition
60 NAME	
61 STREET ADDRESS	
62 CITY-ST-ZIP	
63 TITLE	☐ Change ☐ Addition
64 NAME	
65 STREET ADDRESS	
66 CITY-ST-ZIP	
67 TITLE	☐ Change ☐ Addition
68 NAME	
69 STREET ADDRESS	
70 CITY-ST-ZIP	
71 TITLE	☐ Change ☐ Addition
72 NAME	
73 STREET ADDRESS	
74 CITY-ST-ZIP	
75 TITLE	☐ Change ☐ Addition
76 NAME	
77 STREET ADDRESS	
78 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this filing complies with the requirements of Section 607.0502, Florida Statutes. I further certify that I am familiar with and authorized to execute this report on behalf of the corporation. I am aware that any false information submitted in a document to the Department of State constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

SIGNATURE: [signature] 4-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN — Date

0270429 CP