FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000067497 (5)**

1. Corporation Name
REGATTA CORPORATION

Principal Place of Business	Mailing Address
1111 WATSON STREET #D KEY WEST FL 33040	1111 WATSON STREET #D KEY WEST FL 33040

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

3. Date Incorporated or Qualified: **09/12/1994**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **65-0522414** ☐ 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**

FARRELLY, GREGORY
517 WHITEHEAD STREET
KEY WEST FL 33040

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 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 of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RULE, ROBIN L		1.2 NAME		
STREET ADDRESS	1111 WATSON STREET, #D		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP		
TITLE	VSTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	QUINN, JOHN K III		2.2 NAME		
STREET ADDRESS	P.O. BOX 7 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOPE VALLEY RI 02836		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PETRARCA, LOUIS A III		3.2 NAME		
STREET ADDRESS	517 WHITEHEAD STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SZARO, MARK		4.2 NAME		
STREET ADDRESS	38 BAY STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	WATCH HILL RI 02893		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Robin Rule 2/9/96 305-293-0166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #