

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

FILED

Jan 28 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 # P94000085730 (7)

1. Corporation Name

NORTH PACIFIC YACHTS, INC.



Principal Place of Business

707 NORTH FRANKLIN STREET  
9TH FLOOR  
TAMPA FL 33602

Mailing Address

707 NORTH FRANKLIN STREET  
9TH FLOOR  
TAMPA FL 33602-4432

3. Date Incorporated or Qualified

11/21/1994

3a. Date of Last Report

03/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1209 TECH BLVD

26 1209 TECH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 202

27 SUITE 202

City & State

City & State

23 TAMPA, FLORIDA

28 TAMPA, FLORIDA

Zip

Country

Zip

Country

24 33619 HILLSBOROUGH

29 33619 HILLSBOROUGH

9. Name and Address of Current Registered Agent

GLUCKMAN, JEREMY E  
707 NORTH FRANKLIN STREET  
9TH FLOOR  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name  
Gluckman, Jeremy E.  
82 Street Address (P.O. Box Number is Not Acceptable)  
707 N. Franklin Street  
83  
4th Floor  
84 City  
Tampa  
85 Zip Code  
FL 33602

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

*Jeremy E. Gluckman*

JEREMY E. GLUCKMAN

1/6/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	LUBER, KEITH	
STREET ADDRESS	707 NORTH FRANKLIN STREET 9TH FLOOR	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, V, S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LUBER, KEITH	
1.3 STREET ADDRESS	1209 TECH BLVD STE 202	
1.4 CITY-ST-ZIP	TAMPA, FL 33619	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 for 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97

813620-0035

CR2E034 (9/96)