FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 5-1-96 B-53666 C

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

DOCUMENT # P94000089215 (5)

1. Corporation Name

R & B YACHT SERVICE, INC.

Principal Place of Business	Mailing Address
2639 N. RIVERSIDE DR. #703 POMPANO BEACH FL 33062	2639 N. RIVERSIDE DR. #703 POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: 01/02/1995
3a. Date of Last Report:

2. Principal Place of Business
21 2639 N Riverside Dr
Suite, Apt. #, etc.
22 #703
City & State
23 Pompano Bch FL
Zip 24 33062 Country 25 USA

2a. Mailing Address
26 2639 N Riverside Dr
Suite, Apt. #, etc.
27 #703
City & State
28 Pompano Bch FL
Zip 29 33062 Country 30 USA

4. FEI Number: 65-0557063 ☐ 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

GAMPER, RUTH
2639 N. RIVERSIDE DR.
#703
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: Ruth Gamper
82 Street Address (P.O. Box Number is Not Acceptable): 2639 N Riverside Dr
83 #703
84 City: Pompano Beach FL 85 Zip Code: 33062

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: Ruth Gamper — 4/30/96
Signature of or printed name of registered agent and date (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	President ☐ DELETE
NAME		William Gamper
STREET ADDRESS		2639 N Riverside Dr 703
CITY-ST-ZIP		Pompano Bch FL 33062
TITLE	V	Vice President ☐ DELETE
NAME		Ruth Gamper
STREET ADDRESS		2639 N Riverside Dr #703
CITY-ST-ZIP		Pompano Bch FL 33062
TITLE	S	Secretary ☐ DELETE
NAME		Ruth Gamper
STREET ADDRESS		2639 N Riverside Dr #703
CITY-ST-ZIP		Pompano Bch FL 33062
TITLE	T	Treasurer ☐ DELETE
NAME		Ruth Gamper
STREET ADDRESS		2639 N Riverside Dr #03
CITY-ST-ZIP		Pompano Bch FL 33062
TITLE	DCM	☐ DELETE
NAME		Ruth Gamper
STREET ADDRESS		2639 N Riverside Dr
CITY-ST-ZIP		pompano Bch FL 33062
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Ruth Gamper — 4/30/96 — 305 9410670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #