


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

FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000089215 (5)</b>			
1. Corporation Name: <b>R &amp; B YACHT SERVICE, INC.</b>			
Principal Place of Business <b>2639 N. RIVERSIDE DR. #703 POMPANO BCH. FL 33062 US</b>		Mailing Address <b>2639 N. RIVERSIDE DR. #703 POMPANO BCH. FL 33062-1236 US</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
g. Name and Address of Current Registered Agent <b>RUTH GAMPER 2639 N. RIVERSIDE DR. #703 POMPANO BEACH FL 33062</b>			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	GAMPER, WILLIAM		
STREET ADDRESS	2639 N. RIVERSIDE DR. 703		
CITY- ST- ZIP	POMPANO BEACH FL		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	GAMPER, RUTH		
STREET ADDRESS	2639 RIVERSIDE DR. #703		
CITY- ST- ZIP	POMPANO BEACH FL		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	GAMPER, RUTH		
STREET ADDRESS	2639 N. RIVERSIDE DR. #703		
CITY- ST- ZIP	POMPANO BEACH FL		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	GAMPER, RUTH		
STREET ADDRESS	2639 N. RIVERSIDE DR. #703		
CITY- ST- ZIP	POMPANO BCH. FL		
TITLE	DCM	<input type="checkbox"/> DELETE	
NAME	GAMPER, RUTH		
STREET ADDRESS	2639 N. RIVERSIDE DR.		
CITY- ST- ZIP	POMPANO BEACH FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
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 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: <u>William H. Gamper</u> 4/24/97 954-830-2508			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)