SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham annual report Secretary of State SECRETARY OF STATE DIVISION OF CORPORATIONS 1996 DIVISION OF CORPORATIONS **DOCUMENT** # P94000089449 (0) 96 AUG 27 PM 12: 31 DOWN ISLAND YACHTS INC. Principal Place of Business Mailing Address 80000193928 -09/05/96--01022--012 P O BOX 2037 P O BOX 2037 KEY WEST FL 33045 KEY WEST FL 33045 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1995 2. Principal Place of Business 4. EEL Number 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199 032. Florida Statutes Yes X No 24 25 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent DISABATINO, D. MARK 714 SEMINOLE ST 4 KEY WEST FL 33040 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. Thereby accept the appointment as registered agent if am familiar with, and account the obligations of, Section 607,0505, Florida Statutes. SIGNATURE NOTE: Ringistered Agent signature required when reinstariligo 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition TITLE 1.1 THE E034 NAME 1.2 NAM! STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIF 1.4 CHY - ST - Z/P DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 31 TITLE | Change | Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - 2IP DELETE TITLE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE TITLE 5 1 TITLE Change [Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZP 54 CITY - ST-ZIP TITLE DELETE Change Addition 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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)(x). 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 each, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and

1/3/96 (305) 293-7663