

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra H. Montanari  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000092942 (9)**

**CALLAHAN YACHTS, INC.**

**APPROVED  
AND  
FILED**

**95 APR 28 AM 10:24**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**Principal Place of Business**  
906 SE 10TH TERRACE  
DEERFIELD BEACH FL 33441

**Mailing Address**  
906 SE 10TH TERRACE  
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created  
**12/22/1994**

3a. Date of Last Report  
**12/22/1994**

4. FEI Number  
**65-0546076**

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 Chapter 193, Florida Statutes ☒ **Yes** ☐ **No**

2. Principal Place of Business

21. State Apt # etc

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. State Apt # etc

28. City & State

29. Zip

30. Country

**9. Name and Address of Current Registered Agent**

**CALLAHAN, KEVIN**  
**906 SE 10TH TERRACE**  
**DEERFIELD BEACH FL 33441**

**10. Name and Address of New Registered Agent**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. FL

86. 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

**12. OFFICERS AND DIRECTORS**

1.1 TITLE  
**D**

1.2 NAME  
**CALLAHAN, KEVIN**

1.3 STREET ADDRESS  
**906 SE 10TH TERRACE**

1.4 CITY, ST, ZIP  
**DEERFIELD BEACH FL 33441**

2.1 TITLE  
**D**

2.2 NAME  
**CALLAHAN, KEVIN**

2.3 STREET ADDRESS  
**906 SE 10TH TERRACE**

2.4 CITY, ST, ZIP  
**DEERFIELD BEACH FL 33441**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

**13. ADDITIONS, CHANGES TO OFFICERS, ETC., AND DELETIONS, ETC.**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME  
**CALLAHAN, LISA**

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.07(2)(b), Florida Statutes. I further certify that the information included 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, stamped, or both, attached with an address.

**SIGNATURE:** *Kevin P. Callahan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/94** **305-481-2899**