

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000007140 (3)**

1. Corporation Name

TOP GUN CUSTOM YACHT REFINISHING, INC.



Principal Place of Business

615 SE OLEANDER ST.
SUITE 202
STUART FL 34994

Mailing Address

615 SE OLEANDER ST.
SUITE 202
STUART FL 34994

3. Date Incorporated or Qualified **01/24/1995** 3a. Date of Last Report

2. Principal Place of Business

21 **2206 S W 96th Street**

Suite, Apt. #, etc.

2a. Mailing Address

26 **2206 S W 96th Street**

Suite, Apt. #, etc.

4. FEI Number **65-0554241** Applied For
Not Applicable

22 City & State

23 **Stuart, FL**

Zip

24 **34997**

Country

25 **USA**

27 City & State

28 **Stuart, FL**

Zip

29 **34997**

Country

30 **USA**

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

BRAMMEIER, DOUG
615 SE OLEANDER ST.
SUITE 202
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name **BRAMMEIER, DOUG**
82 Street Address (P.O. Box Number is Not Acceptable) **2206 S W 96th Street**
83
84 City **Stuart** **FL** 85 Zip Code **34997**

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

Signature, typed or printed name of registered agent or director (Applicable)

(NOTE: Registered Agent signature required later on filing)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
D	BRAMMEIER, DOUG	615 SE OLEANDER ST., SUITE 202	STUART FL 34994	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-STATE-ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-STATE-ZIP	17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-STATE-ZIP	Change	Addition
P/D	BRAMMEIER, DOUG	2206 S W 96th Street	Stuart, FL. 34997	<input checked="" type="checkbox"/>																<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/S/D/T	BRAMMEIER, DEBORAH B.	2206 S W 96th Street	Stuart, FL 34997	<input type="checkbox"/>																<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>																<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>																<input type="checkbox"/>	<input type="checkbox"/>

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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, changed, or on an attachment with an address.

SIGNATURE: *Deborah Bergstol Brammeier* Vice President 02-02-96 407 878-3437
DEBORAH BERGSTOL BRAMMEIER

CRCE034 (12/95)