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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

| DOCUMENT # P95000010137 (4) 1. Corporation Name FLORIDA YACHT CONNECTION, INC. | | | | | | |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------|
| | | | | | | |
| Principal Place of Business 3444 MARINATOWN LANE | | Mailing Address 3444 MARINATOWN LANE | | | ı adısı bölül (ibli Afibi 118 | aa iliin labi Mai |
| #10 N. FORT MYERS FL 33903 | | #10 N. FORT MYERS FL 33903 | | | | |
| 11. 10.11 #11 | | N. FORT MIERS FL | 33903 | 3. Date Incorporated or Qualified 02/03/1995 | 3a. Date of Last R | leport |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For |
| 21 Suite, Apt. #, etc. | | 26 Salto Act to ob. | | 65-0652241 | | Not Applicable |
| 22 | r, 6to. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | 5 Additional Required |
| City & State | | City 8 State | | 6. Election Campaign Financing | \$5.0 | May Be |
| 23 | | 28 | 1-1-F | Trust Fund Contribution | Adde | ed to Fees |
| Ζφ 24 | Country 25 | Zip | Country | 8. This corporation has liability for | | 199.032, |
| 24 | 9. Name and Address of Cur | rent Registered Agent | [30] | Florida Statutes Yes 10. Name and Address of New F | No | |
| | | - : «' | 81 Name | To. Name and Address of New P | logistered Agent | |
| SOUDERS, KATHLEEN 82 Street | | | | lress (P.O. Box Number is Not Acceptab | 3/o) | |
| | VRINATOWN LANE | | 50 Street Add | iress (r.o. box number is not acceptat | ле; | |
| #10 | LAVEOD EL ADODO | | 83 | | | |
| N. FURI | MYERS FL 33903 | | 84 City | | - 85 Zi | p Code |
| 11 Pure cont to | the provisions of Sections 607.0 | 500 and 607 1500 Flacida Card | | | | • |
| Or Textistere | ed agent, or both, in the State of F h, and accept the obligations of S | iongal auch change was allinon | ized by the corporation's boa | oration submits this statement for the pur ard of directors. I hereby accept the app | pose of changing its r ointment as registered | registered office I agent I am |
| SIGNATURE | n, and except the bullgations or, a | ection 607.0505, Florida Statule | is. | | | |
| 9 | Styrefore, typical or printed name of registered a | | iciti. Bi proced Aport signature reque | ÷1 where terrestability) | DATE | |
| 12. | OFFICERS. | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | | |
| TITLE NAME | SOUDERS, KATHLEEN | DELETE | 1 111111 | | ☐ Change | Addition |
| STREET ADDRESS | 3444 MARINATOWN LANE | . # 10 | 1.2 NAME | | | |
| CHTY - ST-ZIF | N. FORT MYERS FL 33903 | | 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP | | | |
| TITLE | | DELETE | 2 1 TIBLE | | Change | Addition |
| NAME | | | 2.2 NAME | | | |
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| TITLE | | ☐ DELETE | 3 1 TITLE | | ☐ Change | Addition |
| NAME . | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 33 STREET ADDRESS | | | |
| TITLE | <u> </u> | DELETE | 3.4 City - \$1 - 2iF 4.1 TiTLE | | Change | □ Addition |
| NAME | | <u></u> | 4.2 NAME | | L. Change | Addition |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | 4.4 CHY+S1-2IP | | | |
| THLE | | Déce le | 5 1 Trill | | ☐ Change | Add tion |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STHEET ADDRESS | | | |
| C-TY-ST-ZIP | | Полек | 5.4 CITY - ST - 7IP | | | |
| FIFLE | | ☐ DETE IF | 6 1 11TLE | | Change | ☐ Addition |
| NAME STREET ADDRESS | | | 6.2 NAME | | | |
| CITY-ST-ZIP | | | 6.3 STREET ADDRESS | | | |
| | certify that the information supplic | ed with this filing is voluntarily fun | 64 CITY-ST ZIP nished and does not qualify t | or the exemption stated in Section 119. | 07(3)(k), Florida Statut | es 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 cath, 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 affactiment with an address

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: