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 #

P95000023439 (9)

J E M YACHT SERVICES INC.

Principal Place of Business Mailing Address						
2213 E. ATLANTIC BLVD. POMPANO BEACH FL 33062-5209			2213 E. ATLANTIC BLVD. POMPANO BEACH FL 33062-5209			
					3. Date Incorporated or Qualified 3a. Date of Last Report 03/23/1995	
		2a. Mailing Address	, Mailing Address		4. FEI Number Applied For	
		26	I		65-0574357 Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additiona Fee Required	
City & State		Oity & State	¬ ·		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zφ	Country	Zip	Coun	try	8. This corporation has liability for intangible tax under s 199.032,	
24	25	29	30		Florida Statutes 💢 Yes 🔲 No	
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
			4	Name		
	KAEL, JOHN			Street Ac	ddress (P.O. Box Number is Not Acceptable)	
	. Atlantic BLVD. Ino Beach FL 33062-5209			3		
FUMEA	INO DEMON FL 33002-3209					
			1	14 City	FL 85 Zip Code	
or registere	the provisions of Sections 607.05/ d agent, or both, in the State of Fic i, and accept the obligations of. Se	nda. Such change was authorize	s, the aboved by the co	e named con rporation's bi	poration submits this statement for the purpose of changing its registered coord of directors. I hereby accept the appointment as registered agent. Far	ffice
SIGNATURE		en e				
12.	ignature, typed or printed name of registered ago OVENCE RSIA	ND DIRECTORS	13.	gran' signature requ	Livred wher recrisiong: DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	DELETE	1 1 [1]	E I	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	an :
NAME	MARCHAEL, JOHN		1.2 NAA			3
	STREET ADDRESS % 2213 E. ATLANTIC BLVD.			EET ADDRESS		
DIY-SI-ZIP POMPANO BEACH FL 33062-5209				'-SI-ZIP		
TIFLE	SVD	☐ DELETE	2 1 10		☐ Change ☐ Addits	on .
NAME	MARCHAEL, MICHELE		2.2 NAN			
STREET ADDRESS	OLOGAC E ATLANTIC DIAM			EET ADDRESS		
CITY-ST-ZIP POMPANO BEACH FL 33062-5209				'- \$1 - ZIP		
TITLE		DELETE	3 170		Change Additi	on
NAME		-	3 2 NAN		_ , _	
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIF			3 4 C(I)	'-\$1-2IP		
TITLE		☐ DEL€TE	4. 1 TtT		Change Additi	อก
NAME			4.2 NAN	'E		
STREET ADDRESS			4 3 STR	EET ADDRESS		
CITY-S1-ZIP			4.4.0(1)	'- \$1 - 21P		
THILE		☐ DELETE	5 1 111	.E	☐ Change ☐ Additi	gn
NAME			5.2 NAN	16		
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP			5.4 CIT	- \$1 - <i>216</i>		
TITLE		DELETE	6 1 TIT	.E	☐ Change ☐ Additi	on
NAME			6 2 NAN	'E		
STREET ADDRESS			6 3 STR	EET ADDRESS		
CITY - ST - ZIP			6 4 011	'- \$T-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)(k). Florida Statutes. Ffurther certify that the information indicated on this angual 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 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 charged, or or, an attachment with an address.

SIGNATURE:

SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Marchada 4/17/96 (954) 785 3855

3R2E034 (12/95)