

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 # **P95000026595 (5)**
1. Corporation Name

FOR YACHTS INTERNATIONAL, INC.



Principal Place of Business: **99228 OVERSEAS HIGHWAY KEY LARGO FL 33037**
Mailing Address: **99228 OVERSEAS HIGHWAY KEY LARGO FL 33037**

2. Principal Place of Business
21 Suite Apt. #, etc.
22 City & State
23 Zip Country
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3. Date Incorporated or Qualified: **03/31/1995**
3a. Date of Last Report
4. FEI Number: **05-0571723**
Applied For: Not Applicable
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
**CULLEN, RUSSELL H ESQ.
99228 OVERSEAS HIGHWAY
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0500 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 607.0508, Florida Statutes.

SIGNATURE: *[Signature]* Date: _____
Signature of the registered agent or registered agent in charge

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	ANNIE CULLEN	
STREET ADDRESS	99228 OVERSEAS HWY	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	WILLIAM CULLEN	
STREET ADDRESS	99228 OVERSEAS HWY	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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-04/29/96--01024--032
***200.00

[Signature]
4-26-96

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 if changed or on an attachment in an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)