

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P95000037811 (3)**

1. Corporation Name  
**F/S YACHTS, INC.**



Principal Place of Business  
**3015 N. OCEAN BLVD.  
SUITE 109A  
FT. LAUDERDALE FL 33308**

Mailing Address  
**3015 N. OCEAN BLVD.  
SUITE 109A  
FT. LAUDERDALE FL 33308-7335**

3. Date Incorporated or Qualified <b>05/11/1995</b>	3a. Date of Last Report <b>06/14/1996</b>
4. FEI Number <b>65-0582574</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SARDINIA, KATRINE  
3015 N. OCEAN BLVD.  
SUITE 109A  
FT. LAUDERDALE FL 33308**

61 Name

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

63

64 City

**FL**

65 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

(Signature of officer, director, principal, or registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PVST**

☐ DELETE

11 TITLE

☐ Change ☐ Addition

NAME

**SARDINIA, KATRINE**

12 NAME

STREET ADDRESS

**3015 N. OCEAN BLVD., SUITE 109A**

13 STREET ADDRESS

CITY - ST - ZIP

**FT. LAUDERDALE FL 33308**

14 CITY - ST - ZIP

TITLE

☐ DELETE

21 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

22 NAME

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

31 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

41 TITLE

☐ Change ☐ Addition

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STREET ADDRESS

CITY - ST - ZIP

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☐ DELETE

51 TITLE

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63 STREET ADDRESS

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NAME

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CITY - ST - ZIP

TITLE

☐ DELETE

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with an address.

SIGNATURE:

**KATRINE SARDINIA** *Katrine Sardinia* 3-17-97 (954) 944-9977  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)