

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P95000065301 (0)

1. Corporation Name

ABBRACCI YACHT SALES, INC.



Principal Place of Business

757 S.E. 17TH STREET
SUITE 132
FORT LAUDERDALE FL 33316

Mailing Address

757 S.E. 17TH STREET
SUITE 132
FORT LAUDERDALE FL 33316-2960

2. Principal Place of Business

21 1500 CORDOVA ROAD

Suite, Apt. #, etc.

22 SUITE 314

City & State

23 FORT LAUDERDALE FL

Zip

24 33316

Country

25 USA

2a. Mailing Address

26 1500 CORDOVA ROAD

Suite, Apt. #, etc.

27 SUITE 314

City & State

28 FORT LAUDERDALE FL

Zip

29 33316

Country

30 USA

3. Date Incorporated or Qualified

08/22/1995

3a. Date of Last Report

04/17/1996

4. FEI Number

65-0604172

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

HAYES, WARREN D SR.
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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 607.0502 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 and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS ANDREWS, PAUL E JR.
CITY-ST-ZIP 2441 N.E. PARKWAY
FORT WORTH TX

TITLE ☐ DELETE

NAME STD
STREET ADDRESS EATON, BRIAN
CITY-ST-ZIP 2441 N.E. PARKWAY
FORT WORTH TX

TITLE ☐ DELETE

NAME AS
STREET ADDRESS MAASS, ROBB R.
CITY-ST-ZIP 321 ROYAL POINCIANA PLAZA
PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Brian Eaton

BRIAN EATON SECRETARY

4/7/97

(817) 740-9000

CR2E034 (9/96)