FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P95000077581 (3) PALM BEACH CONDITION YACHT SERVICES, INC. Mailing Address Principal Place of Business 126 PINEVIEW ROAD 126 PINEVIEW ROAD JUPITER FL 33469-3114 JUPITER FL 33469 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 10/10/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0625004 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Country 🗶 Yes 🔲 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 FORT LAUDERDALE FL 33311 83 84 City Zip Code 85 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 (NQTF, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE TITLE HUTCHESON, THOMAS J JR 1.2 NAME NAME **126 PINEVIEW ROAD** STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL 33469 CITY - ST - ZIP 1.4 CITY - ST - ZIP Change DELETE 2.1 TITLE TITLE NAME 22 NAME 2 3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP __ Change DELETE 3.1 TITLE TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS

Feb 18 1997 8:00am Secretary of State



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6.4 CITY - ST - ZIP CITY-ST-7IP 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.

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