

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

FILED

Apr 02 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000003884 (9)

1. Corporation Name
THREE BUOYS, INC.

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| Principal Place of Business 3111 CARDINAL DR VERO BEACH FL 32963 | Mailing Address 3111 CARDINAL DR VERO BEACH FL 32963-1920 |
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|---|--|--|--|---|--------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 01/09/1996 | 3a. Date of Last Report |
| | | | | 4. FEI Number 59-33716699 | Applied For Not Applicable |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 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 | |

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|--|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent O'HAIRE, MICHAEL 3111 CARDINAL DR VERO BEACH FL 32963 | | | | 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 | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARNARD, DOUGLAS F | 1.2 NAME | |
| STREET ADDRESS | 200 OCEAN ROAD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | VERO BEACH FL 32963 | 1.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARNARD, RICHARD F | 2.2 NAME | 5 SPRINGWOOD LANE |
| STREET ADDRESS | 51 LANDING ROAD | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | HUNTINGTON NY 11743 | 2.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARNARD, ROBERT F | 3.2 NAME | |
| STREET ADDRESS | 6809B 16 ST NE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST PETERSBURG FL 33702 | 3.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARNARD, THOMAS E | 4.2 NAME | |
| STREET ADDRESS | 48 RIDGECREST DR | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | RIDGEFIELD CT 06877 | 4.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARNARD, HELEN G | 5.2 NAME | |
| STREET ADDRESS | 3 SANDS COURT | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | PORT WASHINGTON NY 11050 | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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:  3/10/97 861-231-1920
DATE DAYTIME PHONE #

CR2E034 (9/96)