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Mar 18 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 # P96000023248 (3)

1. Corporation Name  
FIRST CABIN YACHT, INC.

Principal Place of Business  
7511 INDIGO STREET  
MIRAMAR FL 33023

Mailing Address  
7511 INDIGO STREET  
MIRAMAR FL 33023-5923



2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

JONES, DANIEL  
7511 INDIGO STREET  
MIRAMAR FL 33023

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

03/11/1996

3a. Date of Last Report

4. FEI Number

65-0690569

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

10. Name and Address of New Registered Agent

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 type: principal, officer, director, registered agent, or other representative

Print Registered Agent or agent representative (if applicable)

ES1

12. OFFICERS AND DIRECTORS

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and DELETE checkbox. Row 1: PSD, JONES, DANIEL, 7511 INDIGO STREET, MIRAMAR FL 33023.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 columns: 1-5 (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP), 6-10 (DELETE, CHANGE, ADDITION checkboxes). Rows 1-5 are empty.

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

SIGNATURE: [Handwritten Signature]

3/18/97 96310611

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