

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000033423 (0)

1. Corporation Name
PR YACHTS, USA, INC.



Principal Place of Business 551 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415	Mailing Address 551 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4524 GUNCLUB ROAD Suite, Apt. #, etc. 22 SUITE 101 City & State 23 WEST PALM BEACH, FL. Zip Country 24 33415 25 USA		2a. Mailing Address 26 4524 GUNCLUB ROAD Suite, Apt. #, etc. 27 SUITE 101 City & State 28 WEST PALM BEACH, FL. Zip Country 29 33415 30 USA		3. Date Incorporated or Qualified 04/16/1996	4. FEI Number 65-0662278 Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent THOMPSON, DOUGLAS E 4524 GUN CLUB RD. STE. 101 WEST PALM BEACH FL 33415		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  **DOUGLAS E. THOMPSON** **01/28/98**
(Signature typed or printed name of 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 NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DON 551 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4524 GUN CLUB ROAD, STE 101 WEST PALM BEACH, FL. 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALUPPI, JOHN 551 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4524 GUN CLUB ROAD, STE 101 WEST PALM BEACH, FL. 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RALPH, KEVIN 551 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4524 GUN CLUB ROAD, STE 101 WEST PALM BEACH, FL. 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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:  **JOHN STALUPPI, DIRECTOR** **01/28/98** **(561) 689-0552**

CR2E034 (10/97)