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

PROFIT CORPORATION ANNUAL REPORT

1998

23

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ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000060499 (6)

CUSTOM YACHT SERVICE, INC.

Mailing Address Principal Place of Business 13613 SW 179 ST 13613 SW 179 ST MIAMI FL 33177 MIAMI FL 33177 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 65-0690977 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27

City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country Żφ Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30.

K

y, Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
KRAMER, JEFFREY S 7700 N KENDALL DRIVE STE 803 MIAMI FL 33156	61	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 title it appricable (NOTF: Registered Agent algorature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ■ Addition TITLE 1.1 TITLE **ROURA, MICHAEL** NAME 1.2 NAME 13613 SW 179 ST STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33177** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change STD Addition TITLE 21 TITLE **DUTOIT, DARRIN** NAME 2.2 NAME 15441 SW 157 TERR STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33187** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 THLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 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.

305 222-4502

FILED

May 11 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

Not Applicable