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FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF REVENUE  
Sandra B. M...  
Secretary of  
DIVISION OF CORPORATIONS

DOCUMENT # P96000062681 (7)

1. Corporation Name  
COASTAL YACHT BROKERS, INC.

Principal Place of Business  
18400 SAN CARLOS BLVD  
FT MYERS BEACH FL 33931

Mailing Address  
18400 SAN CARLOS BLVD  
FT MYERS BEACH FL 33931-2358

2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 Zip

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9. Name and Address of Current Registered Agent

MILTON, AUDREY S  
2106 SUNRISE BLVD  
FT MYERS FL 33907

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D GUTHRIE, RALPH V III  
STREET ADDRESS 12671 WHITEHALL DR  
CITY-STATE-ZIP FT MYERS FL 33907

TITLE ☐ DELETE

NAME D GUTHRIE, ANNA C  
STREET ADDRESS 12671 WHITEHALL DR  
CITY-STATE-ZIP FT MYERS FL 33907

TITLE ☐ DELETE

NAME D GUTHRIE, JASON E  
STREET ADDRESS 12671 WHITEHALL DR  
CITY-STATE-ZIP FT MYERS FL 33907

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for exemption under 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 addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

3. Date Incorporated or Qualified

07/22/1996

3a. Date of Last Report

4. FEI Number

65-0694473

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

1. Name

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

3.

4. City

FL

85

Zip Code

I, the undersigned, as a duly authorized officer or director of the corporation, hereby certify that the corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.

(Agent signature required when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. NAME

2. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY-STATE-ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY-STATE-ZIP

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY-STATE-ZIP

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