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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P96000064335 (8)
D.C. VACHTING, INC.

p.o. (Admind, ino.		
Principal Place of Business	Mailing Address	
1523 DEWEY STREET	1523 DEWEY STREET	

## FILED Jan 16 1997 8:00am Secretary of State



HOLLYWOOD FL 33020	HOLLYWOOD FL 33020-613	HOLLYWOOD FL 33020-6138					
				3. Date Incorporated or Qualified 07/31/1996	3a. Da	te of La	st Report
2. Principal Place of Business	2a, Mailing Address			4. FEI Number	*	~	Applied For
21	26			650 685216			Not Applicable
. Suite, Apt. #, etc:	Suite. Apt. #, etc.			5. Certificate of Status Desired		7 -	<sup>7</sup> 5 Additional e Required
City & State	City & State			Election Campaign Financing     Trust Fund Contribution			00 May Be led to Fees
Zip Countr		Country	1	8. This corporation has liability for it	ntangible	tax und	er s. 199.032,
24 25		30				No	
	ess of Current Registered Agent		T 10	10. Name and Address of New Re	pistered A	gent	
CAMPBELL, CHERRIE F I	ESQ.	81	Name				
12000 BISCAYNE BLVD.		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
SUITE 216 MIAMI FL 33181		83					
MIAMI FL 33161							
		84	City		FL	85	Zip Code
agent Tam lamiliar with, and acc SIGNATURE	h, in the State of Florida, Such change was a cept the obligations of, Section 607.0505, Florida is a registron what and attendable after (NOTI	orida Statute	S.	ation's board of directors. I hereby acception.   ured when reinstaling)	t the appo	ointmen	t as registered
	DEFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		DIREC	TORS IN 12
TITLE President	☐ DELETE	1.1 TITLE				Char	nge Addition
NAME DAVID A	: CAmpbell	1.2 NAME					
STREET ADDRESS 1523 Dews	uy st	1.3 STREET	T ADORESS				
CITY-SI ZIP HOLLWOC	d FL 33020	1.4 CITY - 5	31 - ZIP			1 05	
TITLE J	DELETE	2 1 TITLE				Char	nge [_] Addition
NAME		2.2 NAME	- 4000000				
STREET ADDRESS  CITY ST- ZIP		2 3 STREET 2 4 CHY-	l				
TITLE	DELETE	3 1 TITLE	31.511			Char	nge Addition
NAME		3.2 NAME					
STREET ADDRESS		3 3 STREET	T ADDRESS				
CHTY - ST - ZIP		3 4. CITY -	ST-ZIP				
TITLE	DELETE	4.1 TITLE				Char	nge 🔲 Addition
NAME		4. 2 NAME					
STREET ADDRESS			T ADDRESS				
CITY-ST-Z-P	DELETE	4.4 CITY - S	ST - ZiP			Chai	nge
TITLE	L.J OLLETE	5.1 TITLE 5.2 NAME				Omai	En Laguitor
STREEF ADDRESS			T ADDRESS				
CITY'-ST-ZIP		5.4 CITY - 5	1				
TITLE	DELETE	5.1 TITLE				Cha	nge Addition
NAME.		6.2 NAME					
STREET ADURESS		63 STREE	T ADDRESS				
CITY-SY-ZIP		6.4 CITY-5	ST - ZIP				

14. I do hereby certify that the information supplied with this filling 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 supplier ental 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 trusted 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:

CANCURE AND WHED OR PRIVATE WAR A SIGNING OFFICER OR DIRECTOR

(954)8783380