

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91333 004 ***150.00

1. Name and Mailing Address of Corporation: **DOCUMENT #99000098607**

K & W. YACHT SALES, INC
10715 LAKE HILL DR.
CLERMONT, FL. 34711-8482

668547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
3a. Date of Last Report
APR 2001

FILING FEE \$200.00
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number
59-3608682
Applied For
Not Applicable

2. Mailing Address		2a. Principle Place of Business		5. Certificate of Status Desired		\$8.75 Additional Fee Required
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	
22	City & State	27	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$138.75 Supplemental Fee Not Required
23	Zip	28	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Country	29	Zip	30		

9. Name and Address of Current Registered Agent

WILLIAM L. STAMP
10715 LAKE HILL DR
CLERMONT, FL. 34711-8482

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code
86	Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
(Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	WILLIAM L. STAMP	1.1 TITLE	
1.2 NAME	WILLIAM L. STAMP	1.2 NAME	
1.3 ADDRESS	10715 LAKE HILL DR	1.3 ADDRESS	
1.4 CITY-ST-ZIP	CLERMONT, FL. 34711	1.4 CITY-ST-ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 ADDRESS		2.3 ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change or an attachment with an address.

SIGNATURE **WILLIAM L. STAMP** DATE **4/29/02**
Print/Type Name of Signing Officer or Director Title(s) **PRESIDENT**
Daytime Telephone Number