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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S13208** **(1)**

1. Corporation Name

SLS YACHT SERVICES, INC.

Principal Place of Business	Mailing Address
701 SE 2 CT FT LAUDERDALE FL 33301 US	% ACCTG & BUS CONSLTS 790 E BROWARD BLVD #302 FT LAUDERDALE FL 33301 US

3. Date Incorporated or Qualified: **11/15/1990**
3a. Date of Last Report: **02/24/1995**

4. FEI Number: **65-0224935** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 701 S.E 2 CT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 FT LAUDERDALE
City & State 23	City & State 28 FT LAUDERDALE FL
Zip 24 / Country 25	Zip 29 33301 / Country 30 USA

9. Name and Address of Current Registered Agent

SCHILTZ, LUCIEN A.
701 SE 2 CT
FT LAUDERDALE FL 33301

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

11. Pursuant to the provisions of Section 607.0502 and/or 1502, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	SCHILTZ, LUCIEN A.		1 NAME	
STREET ADDRESS	701 SE 2 CT		1 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL		1 CITY, ST, ZIP	
TITLE	DS	☒ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	SCHILTZ, SZLIVIA F.		2 NAME	
STREET ADDRESS	701 SE 2 CT		2 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL		2 CITY, ST, ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY, ST, ZIP			3 CITY, ST, ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY, ST, ZIP			4 CITY, ST, ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY, ST, ZIP			5 CITY, ST, ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY, ST, ZIP			6 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is complete, true and accurate, 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 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 added to the report or an attachment with an address.

SIGNATURE: Lucien Schiltz LUCIEN SCHILTZ 3/21/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)