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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

SIGNATURE:

(3)

1. Corporation Name

| UNICORN YACHT & SHIP INC. | | | | | | | | |
|--|--|---------------------------|--|---|---|-------------------------|---------------------------------|-------------------------------------|
| Principal Place of Business | Mailir | ng Address | | | I I I I I I I I I I I I I I I I I I I | #1 1% EF WIWH WI | | 1811 91811 1891 |
| 500 S.E. 17TH ST. | 500 | SE 17TH ST | | | | | | |
| SUITE 228 | | : 228 Lauderdale fl. 3 | 2216 | | | | | |
| FT. LAUDERDALE FL 33316 | US | | | | Date Incorporated or Qualified 03/14/1991 | | e of Last Re 9/21/199 | |
| 2. Principal Place of Business | ∤ | laring Address | | | 4. FEI Number 65-0247665 | | | Applied For Not Applicable |
| n C to Ash di ata | 26 | luite, Apt. #, etc. | | | | | | Additional |
| Suite, Apt. #, etc. | 27 | ione, Apr. ii, etc. | | | 5. Certificate of Status Desired | | T | Required |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| | | ip | Count | ÿ | 8. This corporation has liability for | | tax under s | 199.032, |
| 25 | 29 | | 30 | | | s No | LAnnt | |
| 9. Name and | Address of Current Registe | red Agent | 8 | 1 Name | 10. Name and Address of New | negisteret | Agent | |
| | | | | | | -1-1-1 | | |
| LAKOCINSKI, MARTIN | | | 6 | 2 Street Addr | ress (P.O. Box Number is Not Accepti | abie) | | |
| 500 S.E. 17TH ST. STE 228 | | 1 | | 3 | | | | |
| FT. LAUDERDALE FL 3 | 3316 | | 8 | 4 City | | | 85 Z | o Code |
| | | | | 7 | ration submits this statement for the p | F | ∟ . | |
| Since the State of the Interest | terman and registering of a difference | Alan A | Oli Bourbout A | jert si pastice majuri | A second second all early | JATE | | |
| 12. | OFFICERS AND DIRECT | OFO | 13. | | ADDITIONS/CHANGES TO O | FLICERS AN | | |
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Martin Lakocinski April 24, 1996 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Deglare Phone #