

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S70245** (3)

1. Corporation Name

OFFSHORE YACHT BROKERS, INC.



Principal Place of Business

**404 RIVERIA ST
ST AUGUSTINE FL 32084
US**

Mailing Address

**404 RIBERNIA ST.
ST AUGUSTINE FL 32084
US**

3. Date incorporated or Qualified

07/29/1991

3a. Date of Last Report

04/27/1995

4. FEI Number

59-3080329

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Waived in 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

9. Name and Address of Current Registered Agent

**DOUGLAS, DONALD C.
7125 MIDDLETON AVE
ST AUGUSTINE FL 32084**

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 Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and, if applicable, the corporation

(NOTE: Registered Agent signature required when re-filing)

DATE

OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DOUGLAS, DONALD C.	
STREET ADDRESS	7125 MIDDLETON AVE	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	President	☒ Change ☐ Addition
2. NAME	Douglas, Donald C.	
3. STREET ADDRESS	333 Mickler Rd.	
4. CITY-ST-ZIP	St. Augustine, Fl. 32084	
2.1 TITLE	Vice Pres.	☐ Change ☒ Addition
2.2 NAME	Crane, Douglas J., Jr.	
2.3 STREET ADDRESS	P.O. Box 2165/141 Sherwood Ave.	
2.4 CITY-ST-ZIP	St. Augustine, Fl. 32095	
3.1 TITLE	Sec/Treas	☐ Change ☒ Addition
3.2 NAME	Sharon R. Boudro	
3.3 STREET ADDRESS	15 Barcelona Ave.	
3.4 CITY-ST-ZIP	St. Augustine, Fl. 32084	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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-07/03/96--01061--039
*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 address.

SIGNATURE: *Sharon R. Boudro* **SHARON R. BOUDRO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

704-471-7500

CR2E034 (12/95)