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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SEVEN - 1 / 11/95

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S89988**

(7)

1. Corporation Name

QUICKSILVER YACHT SALES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 881 103RD AVE N #3 NAPLES FL 33963
Mailing Address: 881 103RD AVE N #3 NAPLES FL 33963

3. Date first incorporated in (month/year) **10/25/1991**
3a. Date of Last Report **03/11/1994**

2. Principal Name of Business: 2b. Mailing Address:

21. Suite Apt # etc. 26. Suite Apt # etc.

22. City & State 27. City & State

23. 28.

24. 25. 29. 30.

4. FEI Number **65-0330155**
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 adequate disclosure under 1994 DSR Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WANDERON, THOMAS
881 103RD AVE N
SUITE 3
NAPLES FL 33963**

81. Name
82. Street Address, P.O. Box Number or Not Applicable
83.
84. City
85. State **FL**

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01(2)(b) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME: **D WANDERON, THOMAS**
ADDRESS: **881 103RD AVE N #3 NAPLES FL**
NAME: **P AURIT, PATRICK**
ADDRESS: **881 103RD AVE. NO. 3 NAPLES FL**

1. NAME: ☐ Change ☐ Add
2. NAME: ☐ Change ☐ Add
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20. NAME: ☐ Change ☐ Add

14. I, the undersigned, certify that the information reported with this filing is substantially true and correct, and that I am not aware of any information that would cause me to believe that the information reported is false or misleading. I am not aware of any information that would cause me to believe that the information reported is false or misleading. I am not aware of any information that would cause me to believe that the information reported is false or misleading.

SIGNATURE: **PATRICK AURIT 4/30/95** 813 591-4334
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR