## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| DOCUMENT # V06950 1. Corporation Name YACHT DESIGN ASSOCIATES, INC.  Principal Place of Business 1535 SE. 17TH ST. SUITE 205 FT. LAUDERDALE FL 33316  (2) Mailing Address 1535 SE. 17TH ST. SUITE 205 FT. LAUDERDALE FL 33316-1737 |  |  |   |   |                                  |  |                              |   |                              |
|--|--|--|---|---|----------------------------------|--|------------------------------|---|------------------------------|
| 11. Giggenom   |  |  |   |   |                                  | 3. Date incorporated or Qualified  |                              | te of Last F                            | Report                       |
| 2. Principal Pla   | ace of Business  | 2a. Mailing Address  |   |   | <del></del>                      | 01/15/1992<br>4. FEI Number  | with                         | )6/1996                                 | pplied For                   |
| 21]  |  | 26   |   |   |                                  | 65-0316117   |                              | N                                       | ot Applicable                |
| Suite, Apt. i  | #. etc   | Suite, Apt. #, etc.  |   |   |                                  | 5. Certificate of Status Desired   |                              |   | Additional<br>legulred       |
| City & State   | ;  | City & State   |   |   |                                  | 6. Election Campaign Financing   | <del></del>                  |   | May Be                       |
| 23   |  | 28   |   |   |                                  | Trust Fund Contribution  |                              |   | to Fees                      |
| Ζφ<br>24   | Country  | Zip  | Coul                                      | ntry  |                                  | 8. This corporation has liability for Florida Statutes   | ntangible :                  |   | 3. <b>19</b> 9.032,          |
| 4  | 9. Name and Address of Current   | 29 Registered Agent  | [30]                                      |   | <del></del>                      | 10. Name and Address of New Re   |                              | = |                              |
| CLAI   | RK, THOMAS M.  |  |   | 81  | Name                             |  |                              | , <del>T</del> ,                        |                              |
| 2400 EAST COMMERCIAL BLVD.   |  |  |   | 82 Street Address (P.O. Box Number is Not Accepta |                                  |  | ole)                         |   |                              |
|  | E 820  |  |   | 83  |                                  |  |                              |   |                              |
| Fi. L  | LAUDERDALE FL 33308  |  |   |   |                                  |  |                              |   |                              |
|  |  |  |   | 64  | City                             |  | FL                           | 85 Zip                                  | Code                         |
| <ol> <li>Pursuant to<br/>office or reagent if are<br/>agent if are</li> <li>SIGNATURE</li> </ol>   | o the provisions of Sections 607.0502<br>egistered agent, or both, in the State on<br>familiar with, and accept the obliga     | and 607.1508, Florida Statu<br>of Florida Such change was<br>tions of, Section 607.0505, F | ites, the at<br>authorized<br>forida Stat | oove<br>d by<br>utes                              | -named corporation               | oration submits this statement for the pon's board of directors. I hereby accept   | ourpose of<br>of the appo    | changing i<br>intment as                | its registered<br>registered |
| ,,   | Signature, type dior portfold name of registered agen  | · · · · · · · · · · · · · · · · · · ·  |   | d Agen  | ni signature require             | d when reinstating) ADDITIONS/CHANGES TO OFFICE  | DATE AND                     | DIRECTO                                 | DC INI 40                    |
| 12.  | OFFICERS AND   | DELETE   | 13.                                       | TIF   | T                                | ADDITIONS/CHANGES TO OFFIC   | ENS AND                      | ☐ Change                                | Addition                     |
| NAME   | POSTON, HERBERT F  |  | 1.2 NA                                    |   |                                  |  |                              |   |                              |
| \$TREET ADDRESS  | 1535 S.E. 17TH ST.,STE.205   |  | 1.3 ST                                    | REET A  | ADDRESS                          |  |                              |   |                              |
| CITY-ST ZIP  | FT. LAUDERDALE FL 33316  |  |   | TY-ST   | T- ZIP                           |  |                              |   |                              |
| TITLE  | VP DELETÉ  DILLS, SALLY T  |  | •   | 2.1 TITLE   |                                  |  |                              | Change                                  | Addition                     |
| NAME   | 1535 S.E. 17TH ST.,STE.205   |  | 2.2 NJ                                    |   | 4868688                          |  |                              |   |                              |
| STREET ADDRESS<br>DITY-ST-ZIP  | FT. LAUDERDALE FL 33316  |  | - 1                                       |   | ADDRESS                          |  |                              |   |                              |
| lifté  | DELETE   |  |   | 2 4 City-ST-ZiP<br>3.1 Title                      |                                  |  |                              | ☐ Change                                | Addition                     |
| NAME   |  |  | 3.2 NA                                    | AME   |                                  |  |                              |   |                              |
| STREET ADDRESS   |  |  | 3.3 ST                                    | REET #  | ADDRESS                          |  |                              |   |                              |
| C-TY ST-ZIP  |  |  | 3.4. C                                    |   | T-ZIP                            |  |                              |   | <del></del>                  |
| TITLE  |  | DELETE   | 4.1 70                                    |   |                                  |  |                              | Change                                  | Addition                     |
| NAME   |  |  | 4.2 N                                     |   |                                  |  |                              |   |                              |
| STREET ADDRESS   |  |  | 1   |   | ADDRESS                          |  |                              |   |                              |
| CITY - ST - ZIF  |  | DELETE   | 4.4 CI<br>5.1 TII                         | TY-ST<br>TLE                                      | 1-411                            |  |                              | Change                                  | Addition                     |
| NAME   |  |  | 5.2 NA                                    |   | 1                                |  |                              | <b>a</b>                                |                              |
| STREET ADDRESS   |  |  | 1   |   | ADDRESS                          |  |                              |   |                              |
| CITY-ST-7IP  |  |  | 5 4 GI                                    | TY-SI   | r-ZIP                            |  | <del></del>                  |   |                              |
| THLE   |  | ☐ DELETE   | 6.1 Tr                                    | TLE   | I                                |  |                              | ☐ Change                                | Addition Addition            |
| NAME   |  |  | 6.2 NA                                    |   |                                  |  |                              |   |                              |
| STHEET ADDRESS   |  |  |   |   | ADDRESS                          |  |                              |   |                              |
| City-St-7IP  | w certify that the information supplied  | with this filing does not our  |   | TY-ST   |                                  | in Section 119 07(3Vi) Florida Statute   | s   further                  | certify the                             | 1 the                        |
| Lam an of  | in indicated on this annual report or si<br>flicer or director of the corporation or<br>in Block 12 or Block 13 if changed, or | the receiver or trustee empo   | wered to e                                | ACCUI   | rate and that<br>ute this report | in Section 119.07(3)(i), Florida Statute<br>my signature shall have the same legt<br>as required by Chapter 607, Florida S | al effect as<br>Statutes; ai | if made un<br>ad that my                | nder oath; tha<br>name       |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SMLY T DILL 5 4/29/97 (954)4630700

**FILED** 

May 06 1997 8:00am

Secretary of State