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

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address

FILED PROFIT May 14 1998 8:00am ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # YACHT DESIGN ASSOCIATES, INC. Principal Place of Business Mailing Address 1535 SE. 17TH ST. 1535 SE. 17TH ST. SUITE 205 SUITE 205 FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/15/1992 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0316117 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zıç 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ___ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CLARK, THOMAS M. Name 2400 EAST COMMERCIAL BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 820 83 FT. LAUDERDALE FL 33308 84 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 made of registiced agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TOLE Addition Change -POSTON, HERBERT F NAME 1.2 NAME 1535 S.E. 17TH ST., STE, 205 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33316 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE DP Addition DILLS, SALLY T 2.2 NAME STREET ADDRESS 1535 S.E. 17TH ST., STE, 205 2.3 STREET ADDRESS FT. LAUDERDALE FL 33316 CITY-ST-ZIP 2 4 CHTY-ST-ZIP TITLE DELFTE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-7IP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, if 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 it 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