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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # V11427

(4)

POWER & SAIL BOATYARD, INC.

FILED May 02 1997 8:00am Secretary of State



4453 8 F (200)			53 S.E. COOLINA	DOME						
Principal Place of Business 4453 S.E. COQUINA DRIVE STUART FL 34997			4453 S.E. COQUINA DRIVE STUART FL 34997-6871							
						3. Date Incorporated o 02/03/1992	r Qualified	3a. Date of 06/27/1 9		eport
2. Principal Place of Business		2a.	2a. Mailing Address			4. FEI Number				plied For
21		26				65-0307723			No	t Applicable
Sulte, Apt.	#, etc.		Suite. Apt. #, e	tc.		5. Certificate of Status	Desired [Additional
22]		27							Fee Re	quired
City & State		28	City & State	·		6. Election Campaign F Trust Fund Contribut				May Be o Fees
Zip 24	Country 25	29	Zφ	30	ountry	This corporation has Florida Statutes		angible tax u Yes 🔲 No		199.032,
	9. Name and Address of C	Current Regis	tered Agent			10. Name and Address	of New Regis	stered Ageni	t	
FON	TANA, JOSEPH A.				81 Name	FAINIL ALIFN				
4453	S.E. COQUINA DRIVE				82 Street A	Address (F.O. Box Number is N	ot Acceptable	}		
· STU	ART FL 34997				44	Address (P.O. Box Number is N 53 SECOPUL	VA DR.			
					83					
					84 City	7		—. 85	Zp	Codo.
					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TUART				
11. Pursuant t	to the provisions of Sections 60	07.0502 and 6	07.1508, Florida	Statutes, the	above-named	corporation submits this statem oration's board of directors. I he	ent for the pur	pose of chan	ging it	s registered
agent.	m familiar with, and accept the	obligations of	COLUMN COMPANY	or the tale of	rea by the corp	oration's board of directors. Fin	огору ассерст	по арроппп	ent as	regisiorea T
			r, Section 607.05	ous, Fiorida și	iaiules.					
SIGNATURE							4	125	17	17
	Signature, typed or printed name on egisti	ered agent and lide	r' applicable	(NOTE Registe	ered Agent signature	required when reinstating)		DATE	1	77_
12.	Signature, typed or printed name or equals		r applicable CTORS	(NOTE Registe	rred Agent signature	required when reinstating) ADDITIONS/CHANGE		pate S AND DIRE	CTOR	77 S IN 12
12. TITLE	Signature, typed or printed name or grate OFFICE	ered agent and lide	r' applicable	(NOT Regisk 13 TE 11	ered Agent signature 3. - HTLF	required when renestating) ADDITIONS/CHANGE PRESIDENT	S TO OFFICE	pate S AND DIRE	1	77_
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