FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPCRATION **FILED** Sandra B. Mortham ANNUAL REPORT Secretary of State Apr 26 1996 8:00 am 1996 **DIVISION OF CORPORATIONS** Secretary of State (8)V12986 DOCUMENT # TRI-ANGLE: YACHT SALES, INC. Principal Place of Business Mailing Address 12031 31ST COURT NORTH 12031 31ST COURT NORTH ST. PETERSBURG FL +7033-4528" ST. PETERSBURG FL 17009-4528. 33011 33716 Date Incorporated or Qualified 02/11/1992 04/19/1995 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 12031 3157 59-3113513 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name TRICE, CLARENCE W. Street Address (P.O. Box Number is Not Acceptable) 12031 31ST COURT NORTH ST. PETERSHURG FL 33716 83 84 City Zip Code 11. Pursuant to or registere 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am Section 607.0505, Florida Statutes. SIGNATURE ered agent and title if applicable 12. OFFICERS AND DIRECTORS (12/95 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE ☐ DELETE 1.1 TITLE ☐ Change Addition TRICE, CLARENCE W. NAME 1.2 NAME CR2E034 12031 31ST COURT NORTH STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY - ST-ZIP 1.4 CITY-ST-ZIP TITLE □ DELETE 2.1 TITLE ☐ Change ☐ Addition TRICE, CLARENCE W. NAME 2.2 NAME 12031 31ST COURT NORTH STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 24 CITY-ST-ZIP ☐ DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS C(1) - S1 - 2(P 3.4 CITY - ST - ZIF DELETE 4. 1 TITLE ☐ Change ■ Add:tion NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 54 CITY - ST - ZIP TITLE DELETE 6. 1 TITLE ☐ Change ☐ Addition 62 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 64 CITY-ST-ZIP and with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further inval report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under report in or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name or online attachment with an address. 14. I do hereby certify that certify that the informal oath; that I am an off appears in Block 12

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: