FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V30381** **(0)**

1. Corporation Name

SAILAWAY OF PALM BEACH, INC.

Principal Place of Business	Mailing Address
321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480

3. Date Incorporated or Qualified: **04/21/1992**

3a. Date of Last Report: **02/14/1995**

4. FEI Number: **65-0380410** ☐ 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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc: 400D NORTH FLAGER DR.	27 Suite, Apt. #, etc: 400D North Flagler Dr.
23 City & State: West Palm Beach Fl	28 City & State: West Palm Beach
24 Zip: 33401 25 Country: USA	29 Zip: 33401 30 Country: USA

9. Name and Address of Current Registered Agent

MAASS, ROBB R.
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name: Sailaway Yachts
82 Street Address (P.O. Box Number is Not Acceptable): 400D N. Flagler Dr.
83
84 City: West Palm Beach FL 85 Zip Code: 33401

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] President 4/29/96
Signature of Registered Agent (If changing Registered Agent) Title DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RUEHLE, JAMES L.	1.2 NAME	
STREET ADDRESS	4112 PERCH POINT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	1.4 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MAASS, ROBB R	2.2 NAME	
STREET ADDRESS	321 ROYAL POINCIANA PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 if 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 Block 12 or Block 13 if changed or added in an attachment with an address.

SIGNATURE: [signature] James L. Ruehle 4/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)