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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 351856

IMPERIAL YACHT SALES, INC.

Principal Place of	Business	Mailing Address			
205 S. HOOVER S	TREET	205 S. HOOVER STREET			
TAMPA FL 33609		TAMPA FL 33609			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					09/08/1969
		2a. Mailing Address			4. FEI Number Applied For
2. Principal Place of Business		<u> </u>			59-1358399 Not Applicable
21		26			\$8.75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired Fee Required
22		27			6. Election Campaign Financing \$5.00 May Be
City & State		City & State			Trust Fund Contribution Added to Fees
23		28	Count		8. This corporation owes the current year Intangible
Zip	Country	Zip	7	У	Personal Property Tax. Yes No
24	25	29 30	<u> </u>		10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent	- 0	1 Name	ty. Ivalile and Address 5.
	× 1		١٥		
HUGHEY, MIKE			8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)
205 S. HOOVER ST.					
TAMPA	A FL 33609		8	3	
			8	4 City	85 Zip Code
•					
34 5	the assuicions of Sections 607 050	2 and 607.1508. Florida Statutes	the abo	ve-named corp	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
office or reg	istered agent, or both, in the State	of Florida. Such change was auth	norized t la Statute	by the corporations.	poration submits this statement for the purpose of changing its legislated ion's board of directors. I hereby accept the appointment as registered
agent. I am	jistered agent, or both, in the State familiar with, and accept the obliga	tions of, Section 607.0000, Florid			
SIGNATURE _	grature, typed or printed name of registered ager	t and title if applicable (NOTE: R	egistered A	gent signature require	ed when reinstating) DATE
	Ignature, typed or printed name of registered age	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	VD OF TOERO ALL	DELETE	1.1 TITL	E	Change Addition
	· -		1.2 NAM	ie	
1	FARMER, JD		•	EET ADDRESS	
-	205 S HOOVER ST #400		B*	-ST-ZIP	
OITT-OT EN	TAMPA FL	☐ DELETE	2.1 TITL		Change Addition
TITLE	PD	□ bccc₁c	2.2 NAN		
NAME	HUGHEY, MIKE		1	ì	
STREET ADDRESS	205 S HOOVER ST			EET ADDRESS	
CITY-ST-ZIP	TAMPA FL			Y-ST-ZIP	☐ Change ☐ Addition
TITLE	SD	☐ DELETE	3.1 TITL	1	i, come V —
	CARTER, SHIRLEY H		3.2 NAV		
	205 S HOOVER ST		3.3 STF	REET ADDRESS	
1 1 1 1 1	TAMPA FL		3.4. CIT	Y-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP	T	☐ DELETE	4.1 TITI	Æ	☐ Change ☐ Addition
	RAWLINS, WANITA M		4, 2 NA	ME	•
NAME	205 S. HOOVER ST.		4.3 STI	REET ADDRESS	
STREET ADDRESS	. =		4.4 CIT	Y-ST-ZIP	
CITY-ST-ZIP	TAMPA FL	□ DELETE	5.1 TIT		☐ Change ☐ Addition
TITLE	VASD DAN	<u> </u>	5.2 NA	1	
NAME	BROWNE, DAN	· ·		REET ADDRESS	
STREET ADDRESS	205 S. HOOVER ST			Y-ST-ZIP	
CITY-ST-ZIP	TAMPA FL	☐ DELETE	6.1 TIT		☐ Change ☐ Addition
TITLE	V	☐ DETEIF	6.2 NA		
NAME	THATCHER, CAROLYN				
STREET ADDRESS	205 S HOOVER ST, SUITE 40	00	6.3 ST	REET ADDRESS	

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90051 044 ***150.00