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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000040114**

1. Corporation Name
COLUMBO YACHTS, INC.



Principal Place of Business: 1320 NW 65TH PLACE, FORT LAUDERDALE FL 33309, US
 Mailing Address: 1320 NW 65TH PLACE, FORT LAUDERDALE FL 33309, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/27/1994**
 4. FEI Number: **59-3244884**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 7. Trust Fund Contribution:
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: **888 E. LAS OLAS BLVD, SUITE 601, FT LAUDERDALE FL 33301, U.S.A.**
 2a. Mailing Address: **888 E. LAS OLAS BLVD, SUITE 601, FT LAUDERDALE FL, 33301, U.S.A.**

9. Name and Address of Current Registered Agent
ROSE, SCOTT M
1320 NW 65TH PLACE
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
 81 Name: **RICHARD B. PATTERSON**
 82 Street Address (P.O. Box Number is Not Acceptable): **888 E. LAS OLAS BLVD, SUITE 601**
 84 City: **FT LAUDERDALE** FL 85 Zip Code: **33301**

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: Richard B. Patterson - VICE PRESIDENT DATE: **2-24-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CEOP	<input type="checkbox"/>
NAME	HUTCHINGS, JAMES L	
STREET ADDRESS	1320 NW 65TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/>
NAME	HUTCHINGS, BARBARA J	
STREET ADDRESS	1320 NW 65TH PLACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/>
NAME	HOOD, WILLIAM O	
STREET ADDRESS	1320 NW 65TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/>
NAME	HUTCHINGS, RONALD J.	
STREET ADDRESS	1320 NW 65TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/>
NAME	PATTERSON, RICHARD B.	
STREET ADDRESS	1320 NW 65TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	888 E. LAS OLAS BLVD - SUITE 601		
1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33301		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	888 E. LAS OLAS BLVD - SUITE 601		
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33301		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	888 E. LAS OLAS BLVD - SUITE 601		
4.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33301		
5.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS	888 E. LAS OLAS BLVD - SUITE 601		
5.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33301		
6.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: Richard B. Patterson - R. B. PATTERSON - V.P. DATE: **2/24/99** DAYTIME PHONE #: **954-766-8112**
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)