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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 16, 1999 8:00am Secretary of State

02-16-1999 90014 024 \*\*\*150.00

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1. Corporation Name					or and the beliefer of				
PALM B	EACH YACHT CREW, INC	<b>).</b>							
Principal Plac	e of Business	Mailing Address					); 1811 <b>; 2810</b> ; 11 <b>90</b> ;	116() 0(9) (50)	
PALM BEACH YACHT CREW INC.  4200 POINSETTIA AVENUE  WEST PALM BEACH FL 33407  PALM BEACH YACHT CREW I  4200 POINSETTIA AVENUE  WEST PALM BEACH FL 33407  WEST PALM BEACH FL 33407		NUE			DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualifed 10/18/1995			
Principal Place of Business     2a. Mailing Address						4. FEI Number	Apr	plied For	
21	26					65-0616009		t Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired   \$8.75 Addit Fee Require			
City & Stat	te	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28	28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the current year I	ntangible	Na .	
24	25	29	29 30			Personal Property Tax.		No	
Name and Address of Current Registered Agent				Ь,		10. Name and Address of New Registere	J Agent '		
DONNA M MACPHAIL				81 82	Name Street Add	dress (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·	
4200 POINSETTIA AVE WEST PALM BEACH FL 33407			52	Super Address (F.O. Dox Number is Not Acceptable)					
			83				Section 1		
				84	City	FL 85 Zip Code			
office or r agent. I a	to the provisions of Sections 607.1 registered agent, or both, in the Starm familiar with, and accept the ob-	ate of Florida. Such change w	as authorized	d by t	the corporat	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the app	of changing its cintment as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered	agent end title if applicable. (I	NOTE: Registered	Agent	t signature requi	red when reinstating) DATE			
12.	12. OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TMLE	P DELETE 1.11			πE		The Partie Control	Change	Addition	
NAME	MACPHAIL, DONNA M			AME					
STREET ADDRESS	STREET ADDRESS 4200 POINSETTIA AVENUE 1.3			TREET	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33407			TY-ST	- ZIP				
TITLE	V □ DELETE 21			2.1 TITLE			Change	☐ Addition	
NAME	MACPHAIL, DUANE C 22			2.2 NAME					
STREET ADDRESS	ESS 4200 POINSETTIA AVENUE 23 S			REET	ADDRESS	• •			
CITY-ST-ZIP	TY-ST-ZIP WEST PALM BEACH FL 33407 2.40			ITY-S	T-ZIP				
TITLE ,		☐ DELETE	∄ 3.1 ∏	TLE			Change	☐ Addition	
NAME			3.2 N	AME				į	
STREET ADDRESS			3.3 \$1	REET	ADDRESS	وقوائ اللاي ياء الطبور اللوائن ويائن ويائن	araka maja dang	1811 Yest 1281	
CITY-ST-ZIP	3		3.4. C	ITY-S1	T-ZIP			制制物	
TITLE		DELETE	Ξ 4.1 TI	TLE			Change :		

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 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 aggress, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

1/22/99

561.863.W82

☐ Change

Change

☐ Addition

Addition

CR2E034 (11/98