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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080828 (2)

Principal Pla	YACHT SERVICE, INC.	Mailing Address	-			
615 NORTH 4TH STREET LANTANA FL 33462 LANTANA FL 33462-1705						
				3. Date Incorporated or Qualified 09/30/1996	3a. Date of Last Report	
'	Place of Business	2a. Mailing Address		4, FEI Number	Applied For	
21↓ Suite, Ap	il # ele	Suite, Apt #, etc.		65-0697379	CO 75	
22		27		5. Certificate of Status Desired	Fee Required	
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	Country	28 7in	Country	Trust Fund Contribution	Added to Fees	
Zip 24	Country	Zip	30	 This corporation has liability to Florida Statutes 	r intangible tax under s. 199.032, ☐ Yes	
:41	9. Name and Address of Cui		1301	10. Name and Address of New R		
LA	JTINEN, PEKKA		81 Name)		
	66 MELALEUCA LANE		82 Street	Address (P.O. Box Number is Not Accepte	able)	
LA	KE WORTH FL 33461				·	
			83			
			84 City		FL 85 Zip Code	
SIGNATURE	Signature, typed or printed name of registered	agent and tale if applicable. (I	NOTE: Registered Agent signatur	re required when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAM(TUOMELA, JUHA		1.2 NAME			
STREET ADDRESS	615 NORTH 4TH STREET LANTANA FL 33462		1.3 STREET ADDRESS			
CHY-ST-7IP TITLE	CUITAIN LE 2010E	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS	S		2.3 STREET ADDRESS			
CITY-S1-ZIP		The ere	2 4 CITY-ST-ZIP		[] A [] 44000	
T-TLE ALERSC		☐ DELETE	3.1 TITLE 3.2 NAME		Change Addition	
NAME STREET ADDRESS	g		3.2 NAME 3.3 STREET ADDRESS			
C-TY-ST-ZiP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS	S .		4.3 STREET ADDRESS			
CITY-SI-ZIP		DELETE	44 CITY-ST-ZIP 51 TITLE		Change Additio	
NAME:		First DEFFIC	5.2 NAME		m swando m vocino	
STREET ADDRESS	s		5.3 STREET ADDRESS			
CifY-S7-7IP			5.4 CITY - \$1 - 2IP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRÉSS	s l		6.3 STREET ADDRESS			

64 CITY-S1-ZIP

14. I do nereby 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 frue 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 example or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

7-15-97

561-308-5713

FILED

May 08 1997 8:00am

Secretary of State

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