**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G00873

1. Corporation Name

BRADFORD INTERNATIONAL YACHT SALES INC.

| Principal Place of Business |
|-----------------------------|
| 3151 STATE RD 84            |
| FT LAUDERDALE FL 33312      |

Mailing Address

3151 STATE RD 84 FT LAUDERDALE FL 33312

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90281 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|   |  |   |                                      |                     |                         | 3. Date Incorporated or Qualifed  |
|---|--|---|--------------------------------------|---------------------|-------------------------|---|
|   |  | 0 14-37 4                                 |                                      |                     |                         | 09/21/1982<br>4. FEI Number Applied For   |
| Principal Place of Business 2a. Mailing Address |  |   |                                      |                     |                         |   |
| 21 26   |  |   |                                      |                     |                         | 59-2224469   Not Applicable   |
| Suite, Apt. #, etc. Suite, Apt. #, 6            |  |   |                                      | _                   |                         | 5. Certificate of Status Desired Fee Required   |
| City & State City & State                       |  |   |                                      |                     |                         | 6. Election Campaign Financing \$5.00 May Be  |
| 23  |  |   |                                      |                     |                         | Trust Fund Contribution Added to Fees   |
| Zip   | Country  | Zip                                       |                                      | Country             |                         | 8. This corporation owes the current year Intangible  |
| 24  | 25   | 29  | . 30                                 |                     |                         | Personal Property Tax. Yes 12/100   |
| 9. Name and Address of Current Registered Agent |  |   |                                      |                     |                         | 10. Name and Address of New Registered Agent  |
|   |  |   |                                      | 81                  | Name                    |   |
| KOL   | lk, glenn g  |   |                                      | 82                  | Stroot A                | Address (P.O. Box Number is Not Acceptable)   |
| 520   | BRICKELL KEY DR, SUITE 1606                          |   |                                      | 02                  | Sireel A                | Address (P.O. Box Number is Not Acceptable)   |
| MIA   | MI FL 33131  |   |                                      | 83                  |                         |   |
|   |  |   |                                      |                     |                         |   |
|   |  |   |                                      | 84                  | City                    | EI 85 Zip Code  |
|   |  |   |                                      |                     | L                       | FL  |
| 11. Pursuant                                    | t to the provisions of Sections 607.0502             | z and 607.1508, Fl<br>of Florida, Such ch | onda Statutes, th<br>ande was author | ie above<br>ized by | e-riamed c<br>the corpo | corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered |
| agent. I a                                      | am familiar with, and accept the obligat             | tions of, Section 60                      | 17.0505, Florida                     | Statutes            |                         |   |
| SIGNATURE                                       | :  |   |                                      |                     |                         |   |
| SIGNATORE                                       | Signature, typed or printed name of registered agent | t and title if applicable                 | (NOTE: Regis                         | tered Ager          | rt signature red        | required when reinstating) DATE   |
| 12.   | OFFICERS AN  |   |                                      | 13.                 |                         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE   | VD   |   | DELETE                               | .1 TITLE            |                         | Change Addition   |
| NAME  | STANLEY, NICK  |   | 1                                    | I.2 NAME            | )                       |   |
| STREET ADDRESS                                  |  |   | .3 STREET                            | ADDRESS             |                         |   |
|   |  |   |                                      | .4 CITY-S           |                         |   |
| CITY-ST-ZIP                                     | FT. LAUDERDALE FL                                    |   |                                      | 2.1 TITLE           | -21                     | ☐ Change ☐ Addition   |
| TITLE   |  |   |                                      |                     |                         |   |
| NAME  | HERROD, GERALD T                                     |   |                                      | 2.2 NAME            |                         |   |
| STREET ADDRESS                                  | 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1              |   |                                      |                     | ADDRESS                 |   |
| CITY-ST-ZIP                                     | 1820 MONTREAUX, SWITZ                                |   |                                      | 2. 4 CITY- S        | T-ZIP                   | Change Addition   |
| TITLE   | VTD  |   | DELETE :                             | 3.1 TITLE           | - 1                     | ☐ Change ☐ Addition   |
| NAME  | WINCH, JAMES S                                       |   |                                      | 32 NAME             |                         |   |
| STREET ADDRESS                                  | )  |   | 1                                    | 3.3 STREET          | T ADDRESS               |   |
| CITY-ST-ZIP                                     | FT LAUDERDALE FL                                     |   |                                      | 3.4. CITY-S         | T-ZIP                   |   |
| TITLE   | vs   |   | DELETE                               | 1.1 TITLE           |                         | ☐ Change ☐ Addition   |
| NAME  | KOLK, GLENN G  |   | <b>.</b>                             | 1. 2 NAME           |                         |   |
| STREET ADDRESS                                  |  |   |                                      |                     | ADDRESS                 |   |
|   | 1  |   |                                      | 4.4 CITY-S          |                         |   |
| CITY-ST-ZIP                                     | MIAMI FL   |   |                                      | 5.1 TITLE           | 1-41                    | ☐ Change ☐ Additio  |
| TITLE   |  | L   |                                      | 5.2 NAME            |                         |   |
| NAME  |  |   |                                      |                     | T ADDOCCO               |   |
| STREET ADDRESS                                  | 3  |   |                                      |                     | ADDRESS                 |   |
| CITY-ST-ZIP                                     | <u> </u>   |   |                                      | 5.4 CITY-S          | T-ZIP                   |   |
| TITLE   | T  |   | DELETE                               | 3.1 TITLE           | 1                       | ☐ Change ☐ Addition   |
| NAME  |  |   |                                      | 6.2 NAME            |                         |   |
| STREET ADDRESS                                  | s  |   | 4                                    | 3.3 STREE           | T ADDRESS               |   |
|   | ĭ  |   |                                      | 5.4 CITY-S          | T-ZIP                   |   |
| CITY-ST-ZIP                                     | <u> </u>   |   |                                      |                     | <u> </u>                | L   |

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: