

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
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90037 040 ***150.00

DOCUMENT # 334368

1. Corporation Name

YACHT HOPE CORPORATION

Principal Place of Business

340 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480
US

Mailing Address

P.O. BOX 2675
PALM BEACH FL 33480
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1968

4. FEI Number

59-1218055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 321 Royal Poinciana Plaza
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Palm Beach FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

33 480

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FROST, GEORGE
915 MACY STREET
WEST PALM BEACH FL 33405

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HYNES, JAMES E
STREET ADDRESS 6525 MORRISON BLVD.
CITY-ST-ZIP CHARLOTTE NC

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME HARRELL, HENRY
STREET ADDRESS 1300 RIVER ROAD, W.
CITY-ST-ZIP MANAKIN-SABOT VA

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME DICKSON, STUART R.
STREET ADDRESS 20002 FIRST UNION PLAZA
CITY-ST-ZIP CHARLOTTE NC

3.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME FROST, GEORGE
STREET ADDRESS 915 MACY ST.
CITY-ST-ZIP W.P.B. FL

4.1 TITLE ☐ Change ☐ Addition

TITLE AS ☐ DELETE

NAME MAASS, HAROLD G.
STREET ADDRESS 321 ROYAL POINCIANA PLZ
CITY-ST-ZIP PALM BCH. FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 21 1999

561-552-6044