PROFIT CORPORATION ANNUAL REPORT



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Mar 12, 1999 8:00 am Secretary of State 03-12-1999 90037 044 ***300.00

1999

i. Corporatio	MENT # 44208 VACHT SALES COMPANY	1					
Principal Plac	ce of Business	Mailing Address			D INDERI OFDEN DIGIN CEDEN DURAN INIDI INDERSENTA	III	
555 NE 15TH : MIAMI FL 3313	ST #D-33	555 NE 15TH ST #D-33 MIAMI FL 33132			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 12/20/1973		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	} 	plied For
21		26			59-1360550	!	t Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & Sta	ite	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country 25	Zip	Country	<i>'</i>	This corporation owes the current year Interest Personal Property Tax.	angible	□No
49	9. Name and Address of Cur				10. Name and Address of New Registered		
BERG (DAVID THEODORE)			82 83 84	City	ddress (P.O. Box Number is Not Acceptable)	. '	Code
office or agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obl	0502 and 607.1508, Florida Statutes ate of Florida. Such change was auti ligations of, Section 607.0505, Florid	norized by	the corpor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	changing its ntment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: F	Registered Age	nt signature req	quired when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF		
TITLÉ	PST	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	BERG, DAVID T		1.2 NAME				
STREET ADDRESS	1 444 1,2 14111 41			TADDRESS			
CITY-ST-ZIP	MIAMI FL			ST-ZIP		Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE			□ ∧ııııılı	
NAME	BERG, DAVID T		2.2 NAME				
STREET ADDRESS	1000 112 10111 01			T ADDRESS			
CITY-ST-ZIP TITLE	MIAMI FL	☐ DELETE	2.4 CITY-: 3.1 TITLE	51-ZIP		☐ Change	Addition
NAME		tal Partie	3.2 NAME			_ ,	_
NAME STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	-1.			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS	s			TADDRESS			
CITY-ST-ZIP			4.4 CITY- S	ST-ZIP	<u> </u>		
TITLE	1	☐ DELETE	5.1 TITLE			Change	Addition

CITY-ST-ZIP I hereby certify that the information supplied with his 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. 14. I hereby certify that the information supplied with

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NG OFFICER OR DIRECTOR

☐ DELETE

Addition

Change