CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(3)

DEFENDER YACHT, CORP.

Principal Place of Business 3499 NW 25 ST.

MIAMI FL 33142-6207

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

Mailing Address

3499 NW 25 ST. MIAMI FL 33142-6207

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

**FILED** 

Feb 09 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/05/1976

59-1660522

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

| 23  | 28                                  |                                |         |                    |  | Trust Fund Contribution   | <u></u> |  |
|---|-------------------------------------|--------------------------------|---------|--------------------|--|---|---------|--|
| Zìp   | Country                             | Zip                            | Cou     | ıntry              |  | 8. This corporation owes or has paid the current year intangible          | 3       |  |
| 24  | 25                                  | 29                             | 30      |                    |  | Personal Property Tax due June 30. Yes No                                 |         |  |
| 9. Name and Address of Current Registered Agent   |                                     |                                |         |                    | 10. Name and Address of New Registered Agent |   |         |  |
| WHITE, OSCAR A  |                                     |                                |         | 81                 | Name   |   |         |  |
| WHITE BUILDING  |                                     |                                |         | 82                 | Street Addre                                 | ss (P.O. Box Number is Not Acceptable)                                    |         |  |
| ONE NORTHEAST 2ND AVE   |                                     |                                |         |                    | olieet Addic.                                | as (1.10. box Mariber is Not Mecephane)                                   | İ       |  |
| MIAMI FL 33132  |                                     |                                |         | 83                 |  |   |         |  |
|   |                                     |                                |         | 84                 | City   | 85 Zip Code   |         |  |
|   |                                     |                                |         | 1                  | •  | FL     '  |         |  |
| 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  12. OFFICERS AND DIRECTORS  13.  |                                     |                                |         | d Agen             | t signature required                         |   |         |  |
| 12.   | PD OFFICERS A                       | ND DIRECTORS DELETE            | 13.     | 71.5               |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change                  | ddition |  |
| ,   | • -                                 | □ percie                       |         |                    |  | ∟ onange ∟ x  | ווטטוטו |  |
| NAME  | PEREZ, JESUS                        |                                | 1.2 N   |                    |  |   | 1       |  |
| STREET ADDRESS  | Pet A B as (F)                      |                                |         | 1.3 STREET ADDRESS |  |   | ļ       |  |
| CITY - ST - ZIP   | MIAMI FL                            |                                |         | TY-ST              | - ŽIP  |   |         |  |
| TITLE   | STD                                 | L DELETE                       | 1       |                    |  | ☐ Change ☐ Ac   | dition  |  |
| NAME  | ESENAT, JAIME                       |                                | 2.2 NA  | ME                 | ļ  |   | ļ       |  |
| STREET ADDRESS  | 1146 NW 21ST AVE.                   |                                | 2.3 ST  | REET A             | IDDRESS                                      |   | ľ       |  |
| CITY-ST-ZIP   | MIAMI FL                            |                                |         | 17Y-S]             | -ZIP   |   |         |  |
| TITLE   | VĎ                                  | ☐ DELETE                       | 3.1 70  | LΕ                 | į  | Change Ac   | dition  |  |
| NAME  | WHITE, OSCAR A 321                  |                                |         | JME                |  |   |         |  |
| STREET ADDRESS  | 209 E. FLAGLER STREET 3.33          |                                |         | REET A             | ODRESS                                       |   |         |  |
| CITY-ST-ZIP   | MIAMI FL                            |                                | 3.4. C  | TY-SI              | -ZIP   |   |         |  |
| TITLE   |                                     | DELETE                         | 4.1 TIT | TLE                |  | ☐ Change ☐ Ac   | dition  |  |
| NAME  |                                     |                                | 4.2 N   | AME                |  |   |         |  |
| STREET ADDRESS  |                                     |                                | 4.3 \$T | REET A             | DORESS                                       |   | - 1     |  |
| CITY-ST-ZIP   |                                     |                                | 4.4 CC  | ry-st-             | - ZiP  |   | . 1     |  |
| TITLE   | DELETE 5.1 7                        |                                | ΊĘ      |                    | Change Ad                                    | ldition   |         |  |
| NAME  |                                     |                                | 5.2 NA  | ME                 |  | •   |         |  |
| STREET ADDRESS  | 5.3                                 |                                | 5.3 ST  | 5.3 STREET ADDRESS |  |   | 1       |  |
| CITY - ST - ZIP   |                                     |                                | 5.4 CD  | ry-st-             | - 21P  |   | - 1     |  |
| TITLE   |                                     | DELETE                         |         |                    |  | Change Ad   | ldition |  |
| NAME  |                                     |                                | 6.2 NA  | ME                 | Ì  | ·   | }       |  |
| STREET ADDRESS  |                                     |                                | 6.3 ST  | REET A             | DDRESS                                       |   |         |  |
| CITY - ST - ZIP   |                                     |                                |         | Y-ST-              | Ī  |   |         |  |
|   | edity that the information supplied | with this filing does not qual |         |                    |  | ection 119.07(3)(i). Florida Statutes, I further certify that the informa | tion    |  |

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

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable