

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0116892

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **574820** (7)

1. Corporation Name

BAHAMAS YACHTING SERVICES, INC.

FILED

08 JUL 17 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**980 AWALD ROAD
ANNAPOLIS MD 21403
US**

Mailing Address

**980 AWALD ROAD
ANNAPOLIS MD 21403
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1978

4. FEI Number

59-1824871

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

980 AWALD ROAD

Suite, Apt. #, etc.

SUITE 302

City & State

ANNAPOLIS MD

Zip

21403

Country

USA

2a. Mailing Address

980 AWALD ROAD

Suite, Apt. #, etc.

SUITE 302

City & State

ANNAPOLIS MD

Zip

21403

Country

USA

9. Name and Address of Current Registered Agent

~~COCHRAN, PETER
115 EAST BROWARD BOULEVARD
FT. LAUDERDALE FL 33301~~

10. Name and Address of New Registered Agent

81 Name **CORPORATION SERVICE COMPANY**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1201 HAYS STREET**
84 City **TALLAHASSEE** FL 85 Zip Code **32301**

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 **Deborah O. Skipper, as agent**

7-17-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **GORDON, CHRIS**
STREET ADDRESS **980 AWALD ROAD**
CITY-ST-ZIP **ANNAPOLIS MD**

TITLE **SD** ☒ DELETE

NAME **GUARNAGLIA, LYNDA**
STREET ADDRESS **980 AWALD ROAD**
CITY-ST-ZIP **ANNAPOLIS MD**

TITLE **VD** ☐ DELETE

NAME **GREEN, RUPERT**
STREET ADDRESS **980 AWALD ROAD**
CITY-ST-ZIP **ANNAPOLIS MD**

TITLE **VD** ☐ DELETE

NAME **COCHRAN, PETER**
STREET ADDRESS **115 EAST BROWARD BOULEVARD**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **300002535873-4**

1.3 STREET ADDRESS **-07/22/98--01087-014**

1.4 CITY-ST-ZIP *******558.75 *****558.75**

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME **SECRETARY**
SCOT WEST
2.3 STREET ADDRESS **980 AWALD ROAD, SUITE 302**
2.4 CITY-ST-ZIP **ANNAPOLIS MD 21403**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: **Scot West** SECRETARY 7/15/98

(410)-280
3553

CR2E034 (5/98)