FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90007 011 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 609926

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

YACHT ELECTRONIC SPECIALISTS, INC.

3229 S ANDREWS AVE FT LAUDERDALE FL 33316		3229 S ANDREWS AVE FT LAUDERDALE FL 33316		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 02/14/1979			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		Applie	d For	
21		26		59-1915181		Not A	pplicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.	75 Add	itional	
22		27		5. Certificate of Status Desired	Fe	e Requi	red	
City & State	•	City & State			6. Election Campaign Financing	\$5	.00 Ma	y Be
23		28			Trust Fund Contribution	Ad	ded to F	ees
Zip 24	Country 25	Zip 30	Country		This corporation owes the current year Personal Property Tax.	Yes		No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registers	d Agent		
			81	Name			•	ì
	GERS, RAYMOND J.		82	Street Ar	Idress (P.O. Box Number is Not Acceptable)			
	SW 20 ST		10-	00000				
	auderdale, fl		83					
3331	5		84	City		85	Zip Cod	
			04	City	F	L ""	Z.p 000	` }
SIGNATURE	m familiar with, and accept the obligation familiar with and accept the obligation of registered agents.	nt and title if applicable. (NOTE: Reg	stered Ager		ured when reinstating) DATE			
12.		ID DIRECTORS	13.	——т	ADDITIONS/CHANGES TO OFFICERS			
TITLE	PSD	☐ DELETE	1.1 TITLE			Ch	ange	☐ Addition
NAME	HAWKINS, DARRELL		1.2 NAME					
STREET ADDRESS	1219 SW 19 ST		1.3 STREE	ADDRESS	•			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-S	t-ZIP				- Addition
TITLE	VTD	☐ DELETE	2.1 TITLE	-		Ch:	ange	Addition
NAME	DRIGGERS, RAYMOND J		2.2 NAME					
STREET ADDRESS	1314 SW 20 ST		2.3 STREE	i				1
CITY-\$T-ZIP	FT LAUDERDALE FL		2.4 CITY-5	T-ZIP		· [] Ch	ange	Addition
TITLÉ		☐ DELETE	3.1 TITLE	ļ			ungo	
NAME			3.2 NAME					ľ
STREET ADDRESS			3.3 STREE	Į	-			Ì
CITY-ST-ZIP	 	☐ DELETE	3.4. CITY-5	IT-ZIP		[] Ch	ange	Addition
TITLE		_; beccie	4.1 MAME				•	_
NAME				r ADDRESS				Y
STREET ADDRESS			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE	1-ZIF		☐ Ch	ange	Addition
NAME.		—	5.2 NAME			_		
STREET ADDRESS				TADDRESS				
			5.4 CITY-S	T-ZIP	•			
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TITLE			Ch	ange	Addition
NAME			6.2 NAME	1	· •			
STREET ADDRESS.			6.3 STREE	TADDRESS				ĺ
SIRCE I ADDRESS.								

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.