

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

DOCUMENT # 633339

1. Corporation Name

LACE EXPRESS YACHTS, INC.

Principal Place of Business

**100 LAKESHORE DR
SUITE 758
NORTH PALM BEACH FL 33408
US**

Mailing Address

**P.O. BOX 7028
FT. LAUDERDALE FL 33338**

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90012 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1979

4. FEI Number

59-1944412

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

9. Name and Address of Current Registered Agent

**FLEMING, O'BRYAN & FLEMING, P.A.
500 EAST BROWARD BLVD., 17TH FLOOR
BROWARD FINANCIAL CENTRE
FT. LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent

81 Name
WILLARD D. DOVER, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
2601 E. Oakland Park Blvd., Suite 400
83
84 City
Fort Lauderdale **FL** 85 Zip Code
33306

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

1/29/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
PD
NAME
REX, J. WALTER
STREET ADDRESS
100 LAKESHORE DR. #758
CITY-ST-ZIP
N PALM BEACH FL

TITLE
ST ☒ DELETE

NAME
JEAN M. REX
STREET ADDRESS
100 LAKESHORE DRIVE, SUITE 758
CITY-ST-ZIP
NORTH PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99
Date

561-626-7984
Daytime Phone #

CR2E034 (11/98)

03114495