FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS F93000004822 (3)

| DOCUMENT # 1. Corporation Name | F9300000 |
|---------------------------------|-------------|
| ENJOY YACHTING | CORPORATION |

| Principa! Place | of Business | Mailing Address | | | | r expection grap annea costa novit north about ables abith aiden i faile itibli fill i ibet | | |
|-----------------------------|--|-------------------------------------|------------------|---------------|---------------|--|--|--|
| ONE LAS OL | AS CIR. | ONE LAS OLAS CIR. | | | | | | |
| SUITE 1013 ET LAUDERD | ALE FL 33316 | SUITE 1013 FT. LAUDERDALE FL : | 22246 | | | | | |
| TI. ENGDERD | ALL IL SOUTO | FI. LAUDENDALE PL | 33316 | | | Date Incorporated or Qualified | | |
| | | | | | | 10/22/1993 04/17/1995 | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For | | |
| Suite, Apt. # | l etc | | | | | 65-0236521 Not Applicable | | |
| 22 Sune, Apr. 7 | , etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired Securificate of Status Desired Fee Required | | |
| City & State | | City & State | | | | | | |
| 23 | | 28 | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | Cot | untry | | 8. This corporation has liability for intangible tax under s 199.032, | | |
| 24 | 25 | 29 | 30 | | | Florida Statutes Yes No | | |
| | 9. Name and Address of Currer | nt Registered Agent | | 1 2 1 | | 10. Name and Address of New Registered Agent | | |
| | AMIL AMILE J | | | 81 | Name | | | |
| YALIM, T | | | | 82 | Street | eet Address (P.O. Box Number is Not Acceptable) . | | |
| SUITE 10 | S OLAS CIR. | | | 83 | | | | |
| | DERDALE FL 33316 | | | | | | | |
| FI. DAG | DENDALE LE 33310 | | | 84 | City | FL 85 Zip Code | | |
| 11. Pursuant to | o the provisions of Sections 607.0502 | 2 and 607,1508, Florida Stalut | es, the abo | J Dve-n | arried co | corporation submits this statement for the purpose of shanging its registered off as | | |
| or registere | ed agent, or both, in the State of Flori h, and accept the obligations of, Sect | ida. Such change was authoriz | red by the i | corpo | oration's | s board of directors. Thereby accept the appointment as registered agent. Fam | | |
| SIGNATURE | in and dosopy the congutto to or, dosa | non dor .0000, Florida Otaldica | | | | | | |
| | Signature, typed or printee name of registered agent | Land the Lappincable (NC | OTE: Flogistered | d Agen | t signature i | e required which reinstating) DATE | | |
| 12. | | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | PD | ☐ DELETE | 1.11 | IITLE | | PVD | | |
| NAME | YALIM, TEVFIK | | 1.2 N | AME | | | | |
| STREET ADDRESS | ONE LAS OLAS CIR., #1013 | ı | 1.3 S | TREET | ADDRESS | | | |
| CITY-ST-ZIP TITLE | FT. LAUDERDALE FL 33316 VD | DELETE | | ITY-S | T - ZiP | | | |
| NAME | YALIM, EROL | [M DECEIE | 2 1 7 | | | Change Addition | | |
| STREET ADDRESS | ONE LAS OLAS CIR., #1013 | 1 | 2 2 NAME | | Abbreco | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33316 | ı | | | ADDRESS | ' | | |
| TITLE | STD | TT DELETE | 3 1 7 | ITY - ST | I - ZIP | Change Addition | | |
| NAME | YALIM, NECLA | | 3 2 N | | | Change | | |
| STREET ADDRESS | ONE LAS OLAS CIR., #1013 | | | | ADDRESS | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33316 | | | IY-5 | | | | |
| TITLE | | ☐ DELETE | 4.17 | | | ☐ Change ☐ Addition | | |
| NAME | | | 4.2 N | AME | | | | |
| STREET ADDRESS | | | 4.3 S | TREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 C | ITY-S | l - ZIP | | | |
| TITLE | | DELETE | 5.11 | ITLE | | Change Addition | | |
| NAME | | | 5.2 N | AME | | | | |
| STREET ADDRESS | | | 53\$ | TREET | ADDRESS | | | |
| CITY-ST-ZIP | | FIDELETE | | ITY-S | T-ZIP | | | |
| TITLE | | ☐ DELETE | 6 17 | | | Change Addition | | |
| NAME STREET ADORGOS | | | 6.2 N | | ADDD505 | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| City-St-ZiP 14. I do hereby | y certify that the information supplied | with this filing is voluntarily for | ished and | does | not aux | Jalify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further | | |
| certify that | the information indicated on this anni | ual report or supplemental ann | ual report | is tru | e and ac | accurate and that my signature shall have the same legal effect as if made under ute 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 altachment with an add | ress. | - | O EXECUI | are this report as required by Chapter out, Florida Statutes; and that my hame | | |

SIGNATURE:

SIGNATURE AND TYPED BY PRINTED NAME OF SIGNING OFFICER OF DIRECTOR YALIM 4-28-96 (954) 760-7519

- A STATULA TUTA SESTA TIRIK BANG BANG BANG BENER BANG BANG BUTAR SEBUR BUTAR KETAR KETAR KETAR BUTAR BARK