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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F96000003996 (3) DOCUMENT #

LAINHART YACHT SALES, INC.

Principal Place of Business

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SIGNATURE!

Mailing Address

## **FILED** Apr 14 1998 8:00am Secretary of State



1515 S.E 17TH STREET. SUITE 131 1515 S.E. 17TH STREET. SUITE 131 FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 56-1833091 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DAVES, CHRISTIAN 1515 S.E. 17TH STREET, SUITE 131 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33316 City Zip Code 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 Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition DAVES, CHRISTIAN NAME 1.2 NAME 220 OSCEOLA WAY STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELFTE TITLE 2.1 TITLE Change Addition DAVES, LYNN 2.2 NAME 220 OSCEOLA WAY STREET ADDRESS 2.3 STREET ADDRESS PALM BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE 5 1 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with his fifing 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 almost 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 received of tasked 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 effective production of the corporation of the received of the corporation of the received of tasked 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 effective production of the corporation of