

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 # F96000003996

1. Corporation Name

LAINHART YACHT SALES, INC.

Principal Place of Business

1515 S.E. 17TH STREET SUITE 131
FORT LAUDERDALE FL 33316

Mailing Address

1515 S.E. 17TH STREET SUITE 131
FORT LAUDERDALE FL 33316

2. Principal Place of Business

21 313 5TH STREET

2a. Mailing Address

26 313 5TH STREET

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 City & State

23 WEST PALM BEACH, FL

28 City & State

28 WEST PALM BEACH, FL

24 Zip

24 33401

25 Country

25 USA

29 Zip

29 33401

30 Country

30 USA

9. Name and Address of Current Registered Agent

DAVES, CHRISTIAN
1515 S.E. 17TH STREET SUITE 131
FORT LAUDERDALE FL 33316

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

313 5TH STREET

83

84 City 85 Zip Code
WEST PALM BEACH FL 33401

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVES, CHRISTIAN		1.2 NAME	
STREET ADDRESS	220 OSCEOLA WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVES, LYNN		2.2 NAME	
STREET ADDRESS	220 OSCEOLA WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

16291-3-30

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90060 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1996

4. FEI Number Applied For
56-1833091 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. Yes No

10. Name and Address of New Registered Agent

CR2E034 (11/98)