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 # J23953 1. Corporation Name

IMPERIAL YACHT CENTER, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

205 S. HOOVER ST TAMPA FL 33609-3521 205 S. HOOVER ST TAMPA FL 33609-3521

2a. Mailing Address

Suite, Apt. #, etc.

26

27

FILED Jan 22, 1999 8:00am Secretary of State 01-22-1999 90066 028 ***150.00



Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

07/14/1986

59-2740779

4. FEI Number

City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	
Zip	Country Zip		Country	1	8. This corporation owes the current year	Intangible	
24	25 29		30		Personal Property Tax.	∐Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
(1117	MIN AMERICA		81	Name			
#MUG	SHEY, MIKE		82	Street Add	fress (P.O. Box Number is Not Acceptable)	······································	
**** 205°	S. HOOVER ST		02	Jugar Add	2003 (F.O. DOX Number is Not Acceptable)		
TAMPA FL 33609			83	83			
	•	•	84	City		1 1 1 2 2 3 3 3 1 4 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	
			84	City	F	85 Zip C	Lode
office or n	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change was at ons of, Section 607.0505, Flor	uthorized by, rida Statutes	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its pointment as req	registered gistered
12.	Signature, typed or printed name of registered agent a			nt signature require	ed when reinstating) DATE	AND DIDECTO	DC IN 40
TITLE	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
NAME	HUGHEY, MIKE						∧uuilo
,	005 0 4400450 05		1.2 NAME				
STREET ADDRESS	TANDA CI		1.3 STREET ADDRESS				
CITY-ST-ZIP	SD DELETE		1.4 CITY-ST	T-ZIP		C 05	□ A 3 200 ···
TITLE .			2.1 TITLE			☐ Change	Addition
NAME	CARTER, SHIRLEY H.		2.2 NAME		•		
STREET ADDRESS	205 S. HOOVER ST	•	2.3 STREET				
CITY-ST-ZIP	TAMPA FL	T nei ere	2.4 CITY-5	T- ZIP	<u> </u>		
TITLE HUIT	VD	☐ DELETE	3.1 TITLE	.		☐ Change	Additio
NAME	FARMER, JD		3.2 NAME				
STREET ADDRESS	205 S HOOVER ST #400	•	3.3 STREET	ADDRESS	And the second of the second	400 12, 45 3	1375 34
CITY-ST-ZIP	TAMPA FL	·····	3.4. CITY-ST	T-ZIP			
TITLE	T	☐ DELETE	4.1 TITLE		• •	☐ Change	Addition
NAME.	RAWLINS, WANITA M.	·	4. 2 NAME				
STREET ADDRESS	205.S. HOOVER ST		4.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST	-ZIP			
TITLE .	VASD	☐ DELETE	5.1 TITLE			Change	Addition
NAME	BROWNE, DAN		5.2 NAME		4 1		
STREET ADDRESS	205 S. HOOVER ST		5.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL	·	5.4 CITY-ST	-ZIP			
TITLE	V CAMPO CONTRACTOR	☐ DELETE	6.1 TTTLE	1	· , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	☐ Change	Addition
[THATCHER, CAROLYN		6.2 NAME				
NAME			1				
STREET ADDRESS	205 S HOOVER ST. SUITE 400		6.3 STREET	ADDRESS			
	205 S HOOVER ST, SUITE 400 TAMPA FL 33609		6.3 STREET	* *			

Block 12 or Block 13 if changed, or on an attachment with an address,