**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90222 040 \*\*\*150.00

Principal Place of Business 95 NVRR9DC GNVE PALMETTO FL 9X21  2. Principal Place of Business 2. Mailing Address 2. A mailing Address 3. Do Not Writte In THIS SPACE 3. Do Not Writte In Spatial SPACE 3. Do Not Writte In S	1. Corporation	MENT # K58304 A POINTE YACHT SALES, I					
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Suite. Apr. #, etc.	2. Principal P	lace of Business	2a. Mailing Address			Applied For	
Sulte, Apt. #. etc.	<u> </u>		<del>-</del>	•	65-0093672	Not Applicable	
City & State   City   Country   2p   Country   8. This exponent owes the current year Intamplible   Personal Property Tax   Yes   No.		#, etc	Suite, Apt. #, etc.		5 Certificate of Status Desired	* · · · · ·	
Zip   Country   Zip   Country   Zip   Country   S. This corporation was the current year intangible   Personal Honore than Year year year year year year year year y					S. Solutions of England Doublet		
Zip   Country   Zip   Country   Zip   Country   St. This corporation owes the current year intangible   Personal Property Tax   Yes   Mo		<del>e</del>	<u>⊢</u> , '				
28		Country		Country			
MARSH, CURTIS M. 985 RVFRSIDE DR. PALMETTO FL 34221  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florids Statutes, the above-named corporation submits this statument for the purposes of changing its registered of sections for particles of sections 607 0502 and 607.1508, Florids Statutes, the above-named corporation submits this statument for the purpose of changing its registered agent. In its missiliar with, and accept the obligations of, Section 807.0505, Florids Statutes.  SIGNATURE  Signature, typed or printed agent agent and till 9 reportance.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILE  D	<u> </u>	· , ·		¬ ·	· ·		
MARSH, CURTIS M. 985 RIVERSIDE DR. PALMETTO FL 34221  83  84 City  FL 85 Zip Code  11. Pursuant to the provision of Sections 607 0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agriculture, to the provision of Sections 607,0508, Florida Statutes.  11. Pursuant to the provision of Sections 607,0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agriculture, the obligations of, Section 607,0508, Florida Statutes.  11. Pursuant to the provision of Sections 607,0508, Florida Statutes.  12. The purpose of printed name of registered agriculture and this of application.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. OFFICERS AND DIRECTORS IN 12.  15. TITLE  15. T	24					1 Agent	
985 RIVERSIDE DR. PALMETTO FL 34221  82 Street Address (P.D. Box Number is Not Acceptable)  83 Ba City FL 85 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and 9the if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS IN 12  ITILE  OBLETE  1.1 TITLE  1.2 NAME  1.2 NAME  985 RIVERSIDE DR.  1.3 TITLE  1.4 CITY-ST-2P  TITLE  OBLETE  2.1 TITLE  1.4 CITY-ST-2P  TITLE  OBLETE  3.1 TITLE  1.4 CITY-ST-2P  Change  Addition  Addition  Addition  Addition  Addition  Addition  AMME  STREET ADDRESS  CITY-ST-2P  TITLE  OBLETE  4.1 TITLE  OBLETE  ADDITIONS/CHANGES TO OFFICERS AND CITY-ST-2P  Change  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS  ADDITIONS/CHANGES TO OFFICERS  ADDITIONS/CHANGES TO OFFICERS  ADDITIONS/CHANGES TO OFFICERS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS  AD				81 Name			
985 HIVERSIDE DH. PALMETTO FL 34221  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 (502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, in the State of Florida Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered of states.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  I NITLE  WAREHADDRESS  CITY ST-ZP  PALMETTO FL  DELETE  1 : TITLE  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  I STREET ADDRESS  CITY ST-ZP  TITLE  OFFICERS AND DIRECTORS IN 12  1.3 STREET ADDRESS  CITY ST-ZP  TITLE  OFFICERS AND DIRECTORS IN 12  1.4 CITY ST-ZP  TITLE  OFFICERS AND DIRECTORS IN 12  1.5 STREET ADDRESS  CITY ST-ZP  TITLE  OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  I STREET ADDRESS  CITY ST-ZP  TITLE  OFFICERS AND DIRECTORS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO				82 Street Addr	ess (P.O. Box Number is Not Acceptable)	<del></del>	
### City ###   ###				ou con Addi	000 () .0. Box ((all) b) . 10 . 10 . 10 . 10 . 10 . 10 . 10 . 1		
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 accept the obligations of , Section 607.0505, Florida Statutes.  Signature. Signature, Upped or printed name of registered agent and 1998 if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  MARSH, CURTIS M.  12. NAME  12. NAME  12. NAME  13. STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  14. CITY-ST-ZP  TITLE  14. CITY-ST-ZP  TITLE  14. CITY-ST-ZP  TITLE  15. TITLE  16. Change  Addition  Addition  Addition  Addition  Addition  Addition  ALCHY-ST-ZP  TITLE  16. Change  Addition  Addition  ALCHY-ST-ZP  TITLE  16. Change  Addition  ALCHY-ST-ZP  TITLE  ALCHY-ST-ZP  TITLE  ALCHY-ST-ZP  TITLE  ALCHY-ST-ZP  ALCHY-ST-ZP  TITLE  ALCHY-ST-ZP  ALCHY-ST-ZP  TITLE  ALCHY-ST-ZP  ALC	PALI	METTO FL 34221		83			
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 charging 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, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and 99e if applicable. (NOTE: Registered Agent agent are given agent and 99e if applicable.)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  MARSH, CURTIS M.  SIREET ADDRESS  CITY-ST-ZPP  TITLE  MARSH, CURTIS M.  1.2 STREET ADDRESS  CITY-ST-ZPP  TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.2 STREET ADDRESS  CITY-ST-ZPP  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 STREET ADDRESS  CITY-ST-ZPP  TITLE  DELETE  3.1 STREET ADDRESS  CITY-ST-ZPP  TITLE  DELETE  3.1 STREET ADDRESS  CITY-ST-ZPP  TITLE  DELETE  4.1 TITLE  DELETE  4.1 TITLE  DELETE  4.2 TITLE  DELETE  3.3 STREET ADDRESS  CITY-ST-ZPP  TITLE  DELETE  4.1 TITLE  DELETE  4.1 TITLE  DELETE  4.2 TITLE  DELETE  4.3 STREET ADDRESS  CITY-ST-ZPP  TITLE  DELETE  4.2 STREET ADDRESS  CITY-ST-ZPP  TITLE  DELETE  4.3 STREET ADDRESS  CITY-ST-ZPP  TITLE  DELETE  5.1 TITLE  DELETE  5.1 TITLE  DELETE  5.1 TITLE  DELETE  5.1 TITLE  DELETE  5.2 TITLE  DELETE  5.3 TITLE  DELETE  5.3 TITLE  DELETE  5.4 TITLE  DELETE  5.5 TITLE  S.5 STREET ADDRESS  CITY-ST-ZPP  TITLE  DELETE  5.5 TITLE  S.5 STREET ADDRESS  CITY-ST-ZPP  TITLE  DELETE  5.5 TITLE  S.5 STREET ADDRESS  CITY-ST-ZPP  Addition  Add				84 City		85 Zip Code	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. I nereby accept the appointment as registered agent, and facility the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and 916 if applicable.   (NOTE: Registered Agent soprature required when ministating)   DATE							
Signature, typed of printed name of registered agent and title if applicable. (ROTE: Registered Agent signature required when initiating)   CATE	affice or registered eaget, or both, in the State of Florida, Such change was authorized by the cornoration's heard of directors. I hereby accept the appointment as registered						
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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.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS