

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 # K70409

1. Corporation Name

GROVE ISLE YACHT CORPORATION

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 4142 n. 28th terrace
Suite, Apt #, etc.

22 City & State

23 HOLLYWOOD FL.
Zip Country

24 33020

25

2a. Mailing Address

26 4142 n. 28th terrace
Suite, Apt #, etc.

27 City & State

28 HOLLYWOOD FL.
Zip Country

29 33020

30

9. Name and Address of Current Registered Agent

81 Name

ALFONSO MARCIANTE

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

4142 n. 28th terrace

84 City

HOLLYWOOD

85 Zip Code

FL 33020

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)

4-26-1999

DATE

12. OFFICERS AND DIRECTORS

TITLE TRES. XX DELETE

NAME DANIEL Canto massimo
STREET ADDRESS
CITY-ST-ZIP

TITLE PRES. XX DELETE

NAME SIEVE LEONIDA
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC. XX DELETE

NAME GIORGIO CAPUZZO
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRES. X Change [] Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE SAME as above X Change [] Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE TOM HANDLEY X Change [] Addition

32 NAME SAME as above

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ROBERT (bob) LEVIN [] Change [] Addition

42 NAME Same as above

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE [] Change [] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [] Change [] Addition

62 NAME

63 STREET ADDRESS

64 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

4-26-1999

Date

954-925-2556

Use the Phone

APPROVED
AND
FILED

99 JUN 14 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/15/99--01050--001

DO NOT WRITE IN THIS SPACE
***150.00 ***150.00

3. Date Incorporated or Qualified

3-6-1989

4. FEI Number

65-0135809

Applied For
Not Applicable

5. Certificate of Status Desired []

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution []

\$5.00 May Be
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)