## 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 # K98837

YACHTING ASSOCIATES, INC.

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Principal Plac	e of Business	Mailing Address			1 30018111 010 10101 30183	INCONTRACTOR	AIÆII AFBIF BEBUI	Oldii Bheil Iodi
1200 N ATLANTIC BLVD #PH703		1200 N ATLANTIC BLVD #703		-				
FT. LAUD FL 33304		FT. LAUD FL 33304		DO NOT WRITE IN THIS SPACE				
US		US			3. Date incorporated or Qu 06/29/1989	ralifed		: 1
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21	. •	26			62-1398043		N <sub>1</sub>	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				irēd [-]	\$8.75	Additional
22		27			5. Cértificate of Status Des	ireu - 🗀 ·	Fee R	equired
City & Stat	te .	City & State			Election Campaign Fina     Trust Fund Contribution	ncing 🔀		May Be to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the	e current year In		
24	25	29	30		Personal Property Tax.		Yes	MNo
	9. Name and Address of Current		<del></del> '		10. Name and Address of	New Registered	Agent	•
		¥	1	B1 Name		<u> </u>		
MAT	HIS, DONALD R		Ŀ					
1200	O'N ATLANTIC BLVD		1	Street Ad	Idress (P.O. Box Number is Not A	cceptable)		
#703	3		la la	83		3 (2) (1) (2) (3) (3) (4)	F. 1 (2 / Fig.	GELT MINE
FT. I	LAUD FL 33304				1. 自動 医连续			
		•	4	B4 City	/ • naster ver	FL	' 85 Zip	Code
And a Distriction	to the provisions of Sections 607.0502	and 607 1500 Florida Statutos	tho ob	ous named as	reporation cultmits this statement		e     Changing its	registered
office or r	registered agent, or both, in the State of	of Florida. Such change was aut	thorized I	by the corpora	ation's board of directors. I hereby	accept the appo	intment as re	egistered
agent. I a	am familiar with, and accept the obligati	ions of Section 607.0505. Florid	da Statut	00				
. agont a	and the state of t	,		.05.	•	•		
SIGNATURE	••••••••••••••••••••••••••••••••••••••					· 		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered A		uired when reinstating)	DATE	ND DIRECT	DDS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered A	gent signature requ	ADDITIONS/CHANGES	- <u>-</u>		
SIGNATURE 12 TITLE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: F	Registered A  13. 1.1 TITL	gent signature requ		- <u>-</u>	ND DIRECTO	DRS IN 12
SIGNATURE  12  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PTD DONALD R. MATHIS	and title if applicable. (NOTE: F	13. 1.1 TITL	gent signature requ È	ADDITIONS/CHANGES	- <u>-</u>		
SIGNATURE  12  TITLE  NAME  STREET ADDRESS	OFFICERS AND DONALD R. MATHIS 1200 N ATLANTIC BLVD #703	and title if applicable. (NOTE: F	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature requ È IE EET ADDRESS	ADDITIONS/CHANGES	- <u>-</u>		
SIGNATURE  12  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PTD DONALD R. MATHIS 1200 N ATLANTIC BLVD #703 FT. LAUD FL	and title if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature required in the signature req	ADDITIONS/CHANGES	- <u>-</u>	☐ Change	Addition
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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 elia

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90009 030 \*\*\*155.00