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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L59572

1. Corporation Name

JR.'S YACHT MAINTENANCE & REPAIR, INC.

| Principal Place of Business |
|-----------------------------|
| AND DUED DUE CIDOLE ME |

Mailing Address

FILED Mar 16, 1999 8:00 am **Secretary of State**

03-16-1999 90136 004 ***150.00



2856 RIVER RUN CIRCLE WEST 2856 RIVER RUN CIRCLE WEST MIRAMAR FL 33025 MIRAMAR FL 33025 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 03/19/1990 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0186451 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 28 23 Country Country Zip 8. This corporation owes the current year Intangible Ζip Yes 29 30 Personal Property Tax 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLIAMS, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 2856 RIVER RUN CIRCLE WEST MIRAMAR FL 33025 83 85 Zip Code City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE : 1 TITLE TITLE WILLIAMS, ROBERT J 1.2 NAME NAME 2856 RIVER RUN CIRCLE WEST 13 STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP 14 CITY-ST-ZIP ☐ Addition ☐ Change DELETE 2 1 TITLE TITLE 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CiTY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition 3:1016 TITLE 32 NAME NAME 33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 3.4 CITY - ST- ZIP Change Addition DELETE 4:117LE TITLE 4.2 NAME 43 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZiP CITY-ST-ZIP DELETE 6: TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 64 CitY-St. 7P

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 regeiver 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 affactment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)