

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90102 045 ***150.00

DOCUMENT # M17192

1. Corporation Name

DEE ROBINSON CUSTOM YACHT INTERIORS, INC.

Principal Place of Business
2190 SE 17TH ST CAUSEWAY
SUITE 207
FT LAUDERDALE FL 33316

Mailing Address
2190 SE 17TH ST CAUSEWAY
SUITE 207
FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1985

4. FEI Number

59-2564999

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

2. Principal Place of Business

21 2755 E.Oakland Pk Blvd

2a. Mailing Address

26 2755 E.Oakland Pk Blvd

Suite, Apt. #, etc.

22 S-301

Suite, Apt. #, etc.

27 S-301

City & State

23 Ft. Lauderdale, FL

City & State

28 Ft. Lauderdale, FL

Zip

24 33306

Country

Zip

29 33306

Country

30

9. Name and Address of Current Registered Agent

ROBINSON, DEE
2190 S.E. 17TH STREET CAUSEWAY
SUITE 207
FT. LAUDERDALE FL 33316-0121

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2755 E. Oakland Pk Blvd.

83 Suite 301

84 City

Ft. Lauderdale

85

Zip Code

33306

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

Dee Robinson

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DCP
STREET ADDRESS ROBINSON, DEE
CITY-ST-ZIP 2190 SE 17 ST #207
FT LAUDERDALE FL

TITLE ☐ DELETE
NAME
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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME Robinson, Dee
1.3 STREET ADDRESS 2755 E. Oakland Pk Blvd. S-301
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33306

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Dee Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

Date

954-566-2252

Daytime Phone #

CR2E034 (11/98)

0283400