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

Mailing Address

DOCUMENT # M61284 1. Corporation Name

Principal Place of Business

OFFSHORE SAILING, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90259 020 ***150.00



C/O GIDALYAHU LEVIN 1849 S. OCEAN DR. #401 HALLANDALE FL 33009		C/O GIDALYAHU LEVIN 1849 S. OCEAN DR. #401 HALLANDALE FL 33009		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed]	
		CHAMGE OF MAILIA	4=1	<i>ADD PE</i> SS		1 1 4 2	-tied Fee	<u> </u>
z. Principal Place of Business		2a. Mailing Address		LEVIC	4. FEI Number	- 	plied For	1
ni		26 GIDALYAHU		LEVI	59-2851943		t Applicable	ı
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		Λb	5. Certifcate of Status Desired	\$8.75 A		ł
≐}		27 11546 CLAP	<i>A</i>)	D₹			1	
City & State		City & State		<u>_</u>	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
23		28 BON - OTN BCH.	ountry	<u> </u>	Trust Fund Contribution		o rees	ł
Zip 24	Country 25	29 33437 30		SA	This corporation owes the current year Int Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	t Registered Agent	۱.		10. Name and Address of New Registered	Agent		ł
LC/M	N, GIDALYAHU		81	Name				
		82 Street Address (P.O		ress (P.O. Box Number is Not Acceptable)			}	
	S. OCEAN DR.		L	<u></u>				
#401			83	3				
HALL	ANDALE FL 33009		84	City		85 Zip (Code	l
				"	FL			•
agent. I as	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS ANI	t and title if applicable. (NOTE: Registe	ed Age	s. ent signature require	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of directors and the purpose of the appoint of the purpose of the p	ID DIRECTO	PRS IN 12	1/98)
TITLE · ·	P 10,7 19	☐ DELETE 1.1	1.1 TITLE			Change	Addition	1
NAME	LEVIN, GIDALYAHU	1.2	1.2 NAME					۲۶
STREET ADDRESS	1849 S. OCEAN DR. #401	1.3	1.3 STREET ADDRESS					ជ
CITY-ST-ZIP	HALLANDALE FL	1.4	1.4 CITY-ST-ZIP					ြည
TITLE	VST ·	☐ DELETE 2.1	2.1 πnLE			☐ Change	☐ Addition	
NAME	LEVIN, HERMINA M	1 22	2.2 NAME					1
STREET ADDRESS	1849 S. OCEAN DR. #401	2.3	STREE	T ADDRESS				ļ
CITY-ST-ZIP	HALLANDALE FL	2.	СПҮ-	ST-ZIP]
TITLE			TITLE			☐ Change	☐ Addition	ļ
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CITY-ST-ZIP		4.4	CITY-S	ST-ZIP				
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CITY-ST-ZIP		5.4	CITY-S	ST-ZIP	AND THE COURT OF MINERAL			}
TITLE		☐ DELETE 6.	TITLE	į		☐ Change	☐ Addition	1
NAME	•	6.2	NAME	İ				
STREET ADDRESS		6.3	STREE	ET ADDRESS				
- TALL FADOREDS	•	6.4	CITY-S	PT 710				

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 frue 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 enhowered 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: