Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90252 028 \*\*\*\*61.25

## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N22880

1. Corporation Name

FLORIDA YACHT BROKERS ASSOCIATION, INC.

							]					
Principal P ace	of Business	Mailing Address				]						
P.O. BOX 4600	)44	P.O. BOX 460044						<b>9</b> 41181 818 11348 1136	<b>                                    </b>	<u> </u>	<b>           </b>	
-STATION (-	NE EL 20046	<del>-Station 3 1</del> Ft. Lauderdale Fl 33346									(  <b>                 </b>	
FT. LAUDERDA US	LE FL 33346	US	40				1"	#11187 F/8 11010 11401			,, 1,1,1,1	
00		••										
2 Principal Pl	ace of Business	2a. Mailing Address	_				3. Date In	corporated or Qu	ualifed			
21	ace of business	26					10/0	7/1987				l
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	_				4. FEI Nu			App	lied For	i
22	.,,	27					65-0	015349		Not	Applicable	ı
City & State	)	City & State	_				5 Codifo	ato of Status Des	ired []	\$8.75 A		
23		28		_		5. Certificate of Status Desired			Fee Required			
Zip	Country	Zip	Country				6. Electic	n Campaign Fina	incing []	\$5.00 K	• 1	ľ
24						Trust Fund Contribution Ac				Added to	Fees	
Name and Address of Current Registered Agent					10. Name and Address of N				New Registered	Agent		ı
				81	Name	•						
WHITT, RAE				82 Street Address (P.O. Box Number is Not Accep				Acceptable)		_		
1550 SE 17TH ST												1
#4				83							ł	1
FT LAUDE			84	City		FI		85 Zip Code				
11 Pursus et :	to the provisions of Sections 617.0502	and 617 1508. Florida Statu	es the	above	-name	corpo	ration submi	s this statement	for the purpose o	f changing its r	egistered	l
affina and a	to the provisions of Sections 617.0302 egistered agent, or both, in the State of m familiar with, and accept the obligate	filiopida Such chango was a	いけいへいてん	יעת חב	THA CAF	oratio	n's board of o	lirectors. I hereby	accept the appo	intment as regi	istered	l
SIGNATURE		,										ļ
Signature, typed or printed name of registered agent and title if applicable.				Registered Agent signature require					DATE	ND DIDEOTO!		1
12.	OFFICERS AND DIRECTORS			13.			ADDITIO	NS/CHANGES	TO OFFICERS A	Change	Addition	
TITLE			TITLE						Change			
NAME	HOLLER, ART H			2 NAME			1505	C F 15	7 L L C L			3
STREET ADDRESS	700 SO. FEDERAL HWY				ADDRES	3		S.E. 17			ļ	H
CITY-ST-ZIP	POMPANO BEACH FL 33062		2.1 TITLE		r-ZIP	<b>↓</b>	Ft.	<u>Lauderd</u>	lale, FL	33316_ Change	Addition	} {
TITLE	_									Change		į
NAME	MERRIGAN, KEVIN			NAME								l
STREET ADDRESS	1901 S.E. 4TH AVE			3 STREET ADDRESS		3						
CITY-ST-ZIP	FORT LAUDERDALE FL			2.4 CITY-ST-ZIP 3.1 TITLE		+-				☐ Change	Addition	ĺ
TITLE									Onunge		İ	
NAME	11210121, 27102111		NAME		.\ _							
STREET ADDRESS	3151 ST. RD. 84			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		5						ĺ
CITY-ST-ZIP				I-ZIP					☐ Change	Addition		
TITLE			4.1 TITLE 4.2 NAME									
NAME	SCHINTZIUS, WARREN 232 BADIN DR				********						1	
LAUDEDDALE BY THE CEA EL 20000				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP							1	
CITY-ST-ZIP	LAUDENDALE DI THE SEA FL	DELETE		CITY-SI TITLE	ı-ZIP	+				Change	Addition	
TITLE		ال مدداد		NAME								
NAME					ADDRES	<u>.</u>						
STREET ADDRESS				5.4 CITY-ST-ZIP							!	
CITY-ST-ZIP			1 4	2111-0								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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attact ment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNOSTIRETRE LUMENT - 2 LSC. DIRECTOR
RE AND TYPED OR PRINTED NAME OF SIGNING OFFICE TOR DIRECTOR

Date

Date

☐ DELETE

Change

☐ Addition