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NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 18 1998 8:00am Secretary of State

DOCUMENT # N9600006404 (5	1 (5)	NT #	DOCUMENT 1. Corporation Name
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	BAY CATAMARAN SAILOF	15, INC.							
Principal Place	of Business	Mailing Address			1 (04)	9) 819 19119 91111 98111 99111			,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6329 LANSDALE TAMPA FL 33610		6329 LANSDALE CIRCLE Tampa FL 33616	:		01/0	orporated or Qualified			
					4. FEI Numi	-15030			plied For t Applicable
	ace of Business	2a. Mailing Address	•			e of Status Desired		\$8.75 A	
Suite, Apt. f	⊭, etc.	Suite, Apt. #, etc.			6. Election	Campaign Financing		\$5.00	
22		27				d Contribution	_⊔	Added to	
City & State	1	City & State			7. Is this no	nprofit corporation a h		association	n?
Zip	Country	Zip	Count	гу	8. This core	oration owes or has p			angible
24	25	29	30		Personal	Property Tax due Jun	e 30. 🔲	Yes 🗆] No
_ •	9. Name and Address of Curre	nt Registered Agent		.1	10. Name ar	d Address of New R	egistered A	gent	
			6	1 Name					
	CUFFORD		8	2 Street	Address (P.O. Box N	umber is Not Accepta	ible)		
	NSDALE CIRCLE		8	3	-				
TAMPA F	L \$3616		L	<u>.</u>			· · · · · · · · · · · · · · · · · · ·	,,	
			8-	4 City			FL	85 Zip (Code
11. Pursuant t	a the provisions of Sections 617.05	02 and 617.1508. Florida Sta	atutes, the abo	<u> </u>	corporation submits	this statement for the	purpose of o	changing it	s registered
office or re	o the provisions of Sections 617.05 egislered agent, or both, in the State in templiar with, and accomplish oblig	e of Florida. Such change wa	as authorized I	by the corp	poration's board of d	irectors. I hereby acce	opt the appo	intment as	registered
	D DREDING CWOOL AND CHCCEDOWOLDS COOL								
agent. I ar	Ho. 1/ U.)	A STAR R.	HELMB	RECHT			5/8/		
SIGNATURE .		/ <u> </u>	/ VIC.		required when reinstating)		S/S/ DATE	.	
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SIGNATURE	Synature, typed or printed danie of registered as OFFICERS AN	gent and title if applicable [f	NOTE: Registered A	gent signature	required when reinstating)		DATÉ ICERS AND		S IN 12
12.	Strature, typod or printed dime of registured as OFFICERS AN D HOOPES, JOHN	gent and title if applicable [P	NOTE: Registered A	gent signature	required when reinstating)		DATÉ ICERS AND	DIRECTOR	S IN 12
12.	OFFICERS AND HOOPES, JOHN 306 A AVERY AVE.	gent and title if applicable [P	NOTE: Registered A 13. 1.1 TITLE 1.2 NAME	gent signature	required when reinstating)		DATÉ ICERS AND	DIRECTOR	S IN 12
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indicated on this annual report of supplied with this him goes not quality to the exemption stated in Section 179.07(3)(), record stations. Indicated stations annual report as in made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyed 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 attaghment with an eddocate.