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Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001927 (9)**

1. Corporation Name

**YACHT CLUBS SINGLES, INC.**

Principal Place of Business

Mailing Address

~~1 BEACH DR. S.E. STE. 200~~  
~~ST. PETERSBURG FL 33701~~

~~1 BEACH DR. S.E. STE. 200~~  
~~ST. PETERSBURG FL 33701~~



3. Date Incorporated or Qualified

**04/03/1997**

4. FEI Number

**59-3443364**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 111-2nd AVE., N.E.**

**2b P.O. Box 1139**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 620**

**27**

**23 St. Petersburg, FL**

**28 St. Petersburg FL**

City & State

City & State

**24 33701**

**25 US**

**29 33731-1139**

**30 US**

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEATON, KAREN S**

~~1 BEACH DR. S.E. STE. 200~~

~~ST. PETERSBURG FL 33701~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**111-2nd AVE., N.E.**

**83 Suite 620**

**84 St. Petersburg**

**FL**

**85 33701**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/21/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, PETER	
STREET ADDRESS	240 SAND KEY ESTATES DR., #14	
CITY-ST-ZIP	CLEARWATER FL 34630	

1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN E. WAITE	
1.3 STREET ADDRESS	500 TREAS. ISD. C5V #50	
1.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706	

TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	WAITE, JOHN	
STREET ADDRESS	500 TREASURE ISLAND CAUSEWAY, #504	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	

2.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUTH ROM	
2.3 STREET ADDRESS	4952 BACOPA LANG S. #304	
2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33715	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEEDLES, ROSE	
STREET ADDRESS	400 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL 34630	

3.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANTHONY LAZZARA	
3.3 STREET ADDRESS	3617 MULLEN AVE #203	
3.4 CITY-ST-ZIP	TAMPA FL 33609	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**John E. Waite (813) 360 3470**

CR2E037 (10/97)