


FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90072 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002130					
1. Corporation Name MULTIHULL ASSOCIATION OF SOUTH FLORIDA, INC.					
Principal Place of Business 2506 SUGARLOAF LANE FT. LAUDERDALE FL 33312			Mailing Address 2506 SUGARLOAF LANE FT. LAUDERDALE FL 33312		
2. Principal Place of Business 21 21123 NE 23 COURT Suite, Apt. #, etc. 22 City & State 23 M. AMI FL Zip Country 24 33180 25 USA		2a. Mailing Address 26 21123 NE 23 COURT Suite, Apt. #, etc. 27 City & State 28 M. AMI FL Zip Country 29 33180 30 USA		3. Date Incorporated or Qualified 04/13/1998 4. FEI Number 65-0897140 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KAUFMAN, DAVID S. 6360 S.W. 84TH STREET MIAMI FL 33143-8029			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P <input checked="" type="checkbox"/> DELETE NAME VAN LEER, JOHN STREET ADDRESS 1200 N.E. 89 STREET CITY-ST-ZIP MIAMI FL 33138			1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME HERTZ, LEE 1.3 STREET ADDRESS 21123 NE 23 COURT 1.4 CITY-ST-ZIP MIAMI, FL 33180		
TITLE V <input type="checkbox"/> DELETE NAME HERTZ, LEE STREET ADDRESS 21123 N.E. 23RD STREET CITY-ST-ZIP MIAMI FL 3313			2.1 TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME TELOH, JOHN 2.3 STREET ADDRESS 2506 SUGARLOAF LANE 2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33312		
TITLE S <input checked="" type="checkbox"/> DELETE NAME KAUFMAN, KAREN STREET ADDRESS 8000 S.W. 120TH STREET CITY-ST-ZIP MIAMI FL 33156			3.1 TITLE S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME SEIDLER, DON 3.3 STREET ADDRESS 1850 NE 175 ST 3.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33162		
TITLE T <input type="checkbox"/> DELETE NAME TELOH, JOHN STREET ADDRESS 2506 SUGARLOAF LANE CITY-ST-ZIP FT. LAUDERDALE FL 33312			4.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME FINKHOUSE DENNIS 4.3 STREET ADDRESS 12706 NE 3RD AVE 4.4 CITY-ST-ZIP NORTH MIAMI, FL 33161		
TITLE D <input checked="" type="checkbox"/> DELETE NAME WHITE, LYMAN STREET ADDRESS 2090 S.W. 28TH AVE. CITY-ST-ZIP FT. LAUDERDALE FL 33312			5.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME STEINHARD, WALTER 5.3 STREET ADDRESS 18081 BISCAYNE BLVD 5.4 CITY-ST-ZIP N. MIAMI BEACH FL 33160		
TITLE D <input type="checkbox"/> DELETE NAME ALLEY, STEVE STREET ADDRESS 300 N.E. 5TH AVE. CITY-ST-ZIP BOCA RATON FL 33432			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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED HERTZ** 8-23-99 305 682 0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (5/99)