

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Sep 24 1998 8:00am  
Secretary of State

PROFIT 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 # **P03358** (9)  
1. Corporation Name  
**HIGH SEAS YACHT CHARTERS, INC.**

Principal Place of Business	Mailing Address
<b>2333 PONCE DE LEON BLVD. PH 1100 CORAL GABLES FL 33134</b>	<b>2333 PONCE DE LEON BLVD. PH 1100 CORAL GABLES FL 33134</b>

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/12/1984</b>	
21		26		4. FEI Number <b>59-2386134</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

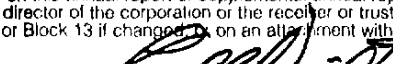
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>WINDHORST, KENT A 2333 PONCE DE LEON BLVD PH1100 CORAL GABLES FL 33134</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 registered with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE  **Kent A. Windhorst** DATE **6/15/98**  
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINDHORST, KENT A</b>	1.2 NAME	
STREET ADDRESS	<b>2333 PONCE DE LEON BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEAVER, DOROTHY C</b>	2.2 NAME	
STREET ADDRESS	<b>2333 PONCE DE LEON BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEAVER, DAVID R</b>	3.2 NAME	
STREET ADDRESS	<b>2333 PONCE DE LEON BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE  **Kent A. Windhorst** **6/15/98 (805) 443-8900**

CR2E034 (10/97)