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Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90013 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03358

1. Corporation Name

HIGH SEAS YACHT CHARTERS, INC.



Principal Place of Business 2333 PONCE DE LEON BLVD. PH 1100 CORAL GABLES FL 33134	Mailing Address 2333 PONCE DE LEON BLVD. PH 1100 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13643 DEERING BAY DR. Suite, Apt. #, etc. 22 UNIT 165 City & State 23 CORAL GABLES, FL. Zip 24 33158 Country 25 USA		2a. Mailing Address 26 13643 DEERING BAY DR. Suite, Apt. #, etc. 27 UNIT 165 City & State 28 CORAL GABLES, FL Zip 29 33158 Country 30 USA		3. Date Incorporated or Qualified 09/12/1984	4. FEI Number 59-2386134	Applied For <input type="checkbox"/> 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		
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent WINDHORST, KENT A 2333 PONCE DE LEON BLVD PH1100 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name KENT A. WINDHORST 82 Street Address (P.O. Box Number is Not Acceptable) 80 SW. 8TH STREET 83 SUITE 2120 84 City MIAMI FL 85 Zip Code 33130	
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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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **KENT A. WINDHORST** **BOB/TAMS** **3/15/99**
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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDHORST, KENT A	1.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD.	1.3 STREET ADDRESS	80 SW. 8TH STREET, #2120
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33130
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, DOROTHY C	2.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD.	2.3 STREET ADDRESS	13643 DEERING BAY DR. #165
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33158
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, DAVID R	3.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD.	3.3 STREET ADDRESS	13643 DEERING BAY DR. #165
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	CORAL GABLES, FL. 33158
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 receiver 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 from an attachment with an address, with all other like empowered.

SIGNATURE: **KENT A. WINDHORST** **3/15/99** **(305) 443-8900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0198957

CR2E034-11/1998