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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000005310

Corporation Name

MOODINGS ITS VACHT SERVICES INC

## Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90111 031 \*\*\*150.00

Principal Place 1110 THIRD ST ST. PETERSBUI	REET SOUTH	Mailing Addres	REET SOUTH				DO NOT WRI			
						r	3. Date Incorporated or Qualifed			
						Ì	01/22/1993			
Principal Place of Business     2a. Mailing Address			dress				4. FEI Number		<b>├</b>	lied For
21		26	26				<u>59-3164251</u>			Applicable
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27							Fee Red	
City & Stat	e		City & State				6. Election Campaign Financing		\$5.00	, ,
23		28	<del>_</del>	<u> </u>			Trust Fund Contribution		Added to	rees
Zip	Country	Zip		Country		ł	8. This corporation owes the curr	ent year Inta		□No
24	25	29	30				Personal Property Tax.  10. Name and Address of New F	Panietared		
	9. Name and Address of Currer	nt Registered Agen	<u> </u>	81	Name	···	TV. Name and Address of New P	redistered y	-gent	
MAS	ON, ANNE M				Hame					
MASON & ASSOCIATES				82	82 Street Address (P.O. Box Number is Not Acceptable)					}
	57 U.S. HIGHWAY 19 N., SUITE	500		83						
CLEARWATER FL 34624				03						
OLL	ANTIAI LITTE GADEA			84	City				85 Zip C	ode
	to the provisions of Sections 607.050				L.,			FL		a sistered
agent. I a	to the provisions of sections	ations of, Section 60	7.0505, Florida \$	Statutes	•		hen reinstating)	DATE		
12.		ND DIRECTORS		13.		•	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
TITLE	DP DELETE			1.1 TITLE					Change	Addition
NAME	WARSHAW, ARTHUR		1	.2 NAME						
STREET ADDRESS	19345 U.S. HWY 19 N., 4TH F	Ł.	1	I.3 STREET	ADDRESS	;				
CITY-ST-ZIP	CLEARWATER FL 34624		1	I.4 CITY-ST	r-ZIP				_	
TITLE	TD		DELETE 2	2.1 TITLE					Change	☐ Addition
NAME	LARROUX, JEAN		1 2	2.2 NAME		HVG	ches, watthew	>		
STREET ADDRESS	19345 US 19 NORTH, 4TH FL	OOR	12	2.3 STREET	ADDRESS		1			
CITY-ST-ZIP	CLEARWATER FL 34624		12	2. 4 CITY-S	T-ZIP	ļ.	Section 1997		<b>ン</b> _	·
TITLE	D		DELETE 3	3.1 TITLE		2/	<b>V</b>		Change	☐ Addition
NAME	RAAS, ALEXANDER			3.2 NAME			-			
STREET ADDRESS	ADDAE HO AD MODELL ATME	OOR		3.3 STREET	ADDRESS	;				
CITY-ST-ZIP	CLEARWATER FL 34624			3.4. CITY-S	T-ZIP					
TITLE				LI TITLE					Change	☐ Addition
NAME			] ,	1. 2 NAME						ļ
STREET ADDRESS			<b>■</b> i		ADDRESS	;	•			J
CITY-ST-ZIP				1.4 CITY-\$	T-ZIP					
TITLE				5.1 TITLE					Change	☐ Addition
NAME				5.2 NAME						
STREET ADDRESS			<b>.</b>	3.3 STREET	ADDRESS	3				ĺ
CITY-ST-ZIP	[			6.4 CITY-S	T-ZIP					
TITLE			DELETE	3.1 TITLE		ļ			☐ Change	☐ Addition
NAME			6	2 NAME						}
STREET ADDRESS	,	•	[ 6	3 STREET	ADDRESS	;				}
	į .			A CITY. S	T. 71D	Į.				ļ

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 exceiver or trusted empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an effecting the with an address, with all other like empswered.

SIGNATURE:

PINTED NAME OF SIGNING OFFICER OR DIRECTOR