

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90014 039 ***150.00

DOCUMENT # P93000021982

1. Corporation Name

AMERICAN MULTIHULLS, INC.

Principal Place of Business

P.O. BOX 1394
PALATKA FL 32178

Mailing Address

P.O. BOX 1394
PALATKA FL 32178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1993

4. FEI Number

65-0397176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6503-3 BAY CLUB DRIVE

2a. Mailing Address

26 6503-3 BAY CLUB DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT. LAUDERDALE, FL.

City & State

28 FT. LAUDERDALE, FL.

Zip Country

24 33308 25 USA

Zip Country

29 33308 30 USA

9. Name and Address of Current Registered Agent

**DOROGHAZI, STEPHEN R.
6675 LANDINGS DR
#105
LAUDERHILL FL 33319**

10. Name and Address of New Registered Agent

81 Name STEPHEN R. DOROGHAZI

**82 Street Address (P.O. Box Number is Not Acceptable)
6503-3 BAY CLUB DRIVE**

83

84 City FT. LAUDERDALE

FL 85 Zip Code 33308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DOROGHAZI, ROBERT R**
STREET ADDRESS **125 MAGNOLIA DRIVE**
CITY-ST-ZIP **EAST PALATKA FL 32131**

TITLE **VSTD** ☒ DELETE
NAME **DOROGHAZI, STEPHEN R**
STREET ADDRESS **6675 LANDINGS DR**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **CEO VSTD** ☒ Change ☐ Addition
2.2 NAME **DOROGHAZI, STEPHEN R.**
2.3 STREET ADDRESS **6503-3 BAY CLUB DRIVE**
2.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-99

904-925-0199

CR2E034 (11/98)