

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90153 046 ***150.00

0516175

DOCUMENT # P93000029792

1. Corporation Name

PIRATES COVE YACHT BASIN, INC.

Principal Place of Business

4307 S.E. BAYVIEW ST.
STUART FL 34997
US

Mailing Address

4307 SE BAYVIEW STREET
STUART FL 34997
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1993

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

4. FEI Number

65-0410856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

KOPELOWITZ, HARVEY
750 S.E. 3RD AVE.
SUITE 100
FT. LAUDERDALE FL 33316

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 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

☐ DELETE

TITLE D
NAME CONNOLLY, MICHAEL J
STREET ADDRESS C/O ISC MARINE GROUP, RT 139, P.O. BOX 338
CITY-ST-ZIP GREEN HARBOR MA 02041

☐ DELETE

TITLE DP
NAME SUNAMURA, YASUhide
STREET ADDRESS SANPHO TRADING 169-1
CITY-ST-ZIP YOKOHAMA JA

☐ DELETE

TITLE VS
NAME GUERTIN, GARY W
STREET ADDRESS 1166 S E ST LUCIE BLVD
CITY-ST-ZIP STUART FL

☐ DELETE

TITLE D
NAME SHOICHI, UETSUJI
STREET ADDRESS 666 FIFTH AVE - 35TH FLOOR
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE D
NAME AKIRA, YAMAMOTO
STREET ADDRESS 666 FIFTH AVE - 35TH FLOOR
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE T
NAME SURRARRER, SHARON
STREET ADDRESS C/O CLARIDGE HOTEL, 1244 N DEARBORN PKWY
CITY-ST-ZIP CHICAGO IL 60610

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VS ☒ Change ☐ Addition

3.2 NAME Guertin, Gary W
3.3 STREET ADDRESS 4276 S.E. Palmetto St.
3.4 CITY-ST-ZIP Stuart, FL 34997

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

561-287-2358

Date

Day/Time Phone #

CR2E034 (11/98)