FILED

Feb 18, 1999 8:00 am Secretary of State

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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 # P93000042243

SUB CONSCIOUS YACHTING, INC.

Principal Place of Business		Mailing Address					\$ (BELINEN III III IIII IIII IIII			
3000 NE 30TH PLACE		325 BIC DRIVE							٠	
STE 207		MILFORD CT 06460				DO NOT WRITE IN THIS SPACE				
FT. LAUDERDALE FL 33306 US		US	US				3. Date Incorporated or Qualifed			
00							06/15/1993			
2 Principal P	lace of Business	2a. Mailing	Address				4. FEI Number	•	A	pplied For
21	acc of Edomicos	26					65-0417385	_	N	ot Applicable
Suite, Apt.	#, etc.		pt. #, etc.						\$8.75	Additional
22		27	27				5. Certifcate of Status Desired	<u> </u>	Fee R	equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Countr	ry		8. This corporation owes the cu	rrent year Int		П.,
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curres	nt Registered Ag	ent		<u> </u>	NI	10. Name and Address of New	Registered	Agent	
COD	PORATION SERVICE COMPANY	,		8	1	Name			_	
	HAYS ST.			8:	2	Street Addre	ess (P.O. Box Number is Not Accep	table)		
	AHASSEE FL 32301			L.	_					
IALL	ANASSEE PL 32301			8:	3					
				8	4	City			85 Zip	Code
	to the provisions of Sections 607.050	007.4500	Florida Otatu				retion submits this statement for th	numose of	changing its	s registered
office or r	egistered agent, or both, in the State	of Florida, Such e	change was a	authorized b	iy th	named corpo ne corporation	n's board of directors. I hereby acc	ept the appoi	ntment as re	egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section	607.0505, Flo	orida Statute	es.					
SIGNATURE				F. Garatanian A.		ionatura rapuland	when reinstating)	DATE		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	(101)	13.	Jen Ca	signature required	ADDITIONS/CHANGES TO O	FFICERS AN	ID DIRECT	ORS IN 12
TITLE	PTD		DELETE	1.1 TITLE	<u> </u>		100		Change	
NAME	FLORIO, ALFRED			1.2 NAME	Ĕ					
STREET ADDRESS	3000 NE 30TH PLACE			1,3 STRE	ET A	DDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33306			1.4 CITY-						
TITLE	VSD		DELETE	2.1 TITLE		="			Change	Addition
NAME	SCHULZ, CAROLYN		•	2.2 NAME	E	İ				
STREET ADDRESS	3000 NE 30TH PLACE			2.3 STRE	ETA	DDRESS _		•		
CITY-ST-ZIP	FT. LAUDERDALE FL 33306			2. 4 CITY	-ST-	.ZIP		_		
TITLE	VSD		DELETE	3.1 TITLE					Change	Addition
NAME	BOLTON, CAROLYN			3.2 NAME	E					
STREET ADDRESS	AAAA ME AATH DI AAC OTE AA	07		3.3 STRE	EETA	DDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33306			3.4. CITY	-ST-	ZIP				
TITLE			☐ DELETE	4.1 TITLE	Ξ				☐ Change	☐ Addition
NAME				4. 2 NAM	ŧΕ					
STREET ADDRESS				4.3 STRE	EETA	ODRESS	· ·			
CITY-ST-ZIP				4.4 CITY	-ST-2	ZIP				
TITLE			☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME				9 ,1111EE						
STREET ADDRESS				5.2 NAME	=		, <u> </u>			
				5.2 NAME	E	NODRESS .	<u>.</u>			
CITY-ST-ZIP				5.2 NAME 5.3 STRE 5.4 CITY	E EET A -ST-2	!				
CITY-ST-ZIP TITLE			☐ DELETE	5.2 NAME 5.3 STRE	E EET A -ST-2	!			☐ Change	Addition
			☐ DELETE	5.2 NAME 5.3 STRE 5.4 CITY	E EET A -ST-7	!			☐ Change	Addition

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 copporation or the receiver or rustee 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 attactor of with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DIRECTOR DIRECTOR