## 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 # P93000042637

YACHT SERVICE PROFESSIONALS, INC.

Principal Place of Business	Mailing Address	
3204 SHIPPING AVE COCONUT GROVE FL 33133	P.O. BOX 331931 MIAMI FL 33233-1931 US	

## Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90125 029 \*\*\*150.00



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Principal Place	e of Business	Mailing Address								
3204 SHIPPING		P.O. BOX 331931					•			
COCONUT GRO	VE FL 33133	MIAMI FL 33233-1931 US					DO NOT WRITE II	N THIS SPACE		
		03				3 Date	Incorporated or Qualifed			
						1 -	16/1993			
2 Princinal Pl	lace of Business . D.	2a. Mailing Address			_		Number		Appli	ied For
	M.W. South River	26				65-	0421601	·   -	Not A	Applicable
Suite, Apt.		Suite, Apt. #, etc.				1		\$8.7	75 Ad	ditional
22 Trave	1 Lily Yard	27				5, Cert	ifcate of Status Desired	Fe	e Requ	uired
City & State		City & State				6. Elec	tion Campaign Financing	\$5.	00 M	lay Be
23 Mlan	i FLorida	28				Trus	t Fund Contribution	Adı	ded to	Fees
Zip	Country	Zip	Cou	ntry		8. This	corporation owes the current y	ear Intangible		
24 3314	12 25 Dade	29	30				sonal Property Tax.	☐ Yes	D	<b>3</b> No
	9. Name and Address of Current	Registered Agent				10. Nan	ne and Address of New Regis	stered Agent		
	DCD 1551 11150 D			81 N	lame					
	DER VEEN, JAMES R			<b>82</b> S	Street Addre	ss (P.O. E	Box Number is Not Acceptable)			
	PAN AMERICAN DR									
COC	CONUT GROVE FL 33133			83						
			ļ	84 C	City			85	Zip Co	ode
	to the provisions of Sections 607.0502				•			FL		
agent. I a	to the provisions of Sections of Joseph egistered agent, or both, in the State of m familiar with, and accept the obligati	ions of, Section 607.0505, Flo	onda Stati	utes.	nature required			DATE		
12.	OFFICERS AND		13.				TIONS/CHANGES TO OFFICE	RS AND DIRE	CTOR	S IN 12
TITLE	P	☐ DELETE	1.1 70	ΓLE	la-d	بالمحجيد أره	<del>/</del>	☐ Cha	nge	☐ Addition
NAME	VAN DER VEEN, JAMES R				F-2-40				•	
STREET ADDRESS	P.O. BOX 331931 NA		1.2 NA	ME	15-0			_ 5/10	Ü	ļ
CITY-ST-ZIP	•			ME REET ADO	DRESS				J	
TITLE	COCONUT GROVE FL 33233-19	131	1.3 ST		P					
DHEC	COCONUT GROVE FL 33233-19	031	1.3 ST	REET ADD	P VI	ce P	resident	Cha	· .	Addition
	COCONUT GROVE FL 33233-19		1.3 ST 1.4 Cl	REET ADO TY-ST-ZIF	P VI	ce P	resident Kurcher		· .	Addition
NAME	COCONUT GROVE FL 33233-19		1.3 ST 1.4 Cl <sup>-</sup> 2.1 Tl <sup>-</sup> 2.2 NA	REET ADO TY-ST-ZIF	VI La DRESS P.C	2. Bo)	kurcher 331931	Cha	inge	Addition
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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. CITY-ST-ZIP

SIGNATURE: