

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN -5 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA30000560640**
1. Corporation Name
SAIL US, INC.

Principal Place of Business: **1900 SE 15th STREET FORT LAUDERDALE, FL 33316 US**
Mailing Address: **1323 SE 17th ST. SUITE 474 FT. LAUDERDALE, FL 33316-1707**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	22	26	27	65-0422908		Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees		07/12/1993		3. Date Incorporated or Qualified	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUNSMOOR, JOHN E. 1323 S.E. 17th ST. SUITE 474 FT. LAUDERDALE, FL 33316				81 Name 82 Street Address (P.O. Box Number is Not Accepted) 83 City 84 City			
				700002353977-9 06/10/98-01005-031 ****150.00 ****150.00 FL 85 Zip Code			

16 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: _____ (Name) _____ (Title) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNSMOOR, JOHN	12 NAME	
STREET ADDRESS	1323 SE 17th ST, SUITE 474	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNSMOOR, SUSAN	22 NAME	
STREET ADDRESS	1323 SE 17th ST, SUITE 474	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied on this form 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 tax return, or annual report or tax return 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 president or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if exempted from filing this form with an address.

SIGNATURE: *John Dunsmoor* **John Dunsmoor** 5/28/98 954-524-8334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)