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

DOCUMENT # P93000052502 (0) **FILED**

May 07 1998 8:00am

Secretary of State

1. Corporation	IEN LAZARUS YACHT SALES	, INC.			
	•				
Principal Plac	ce of Business	Mailing Address			IND HUDDA DANIA DUNAS ANDI CUDI
10 CENTRAL	PKWY	10 CENTRAL PKWY			
#410	24004	#410		DO MOT MONTE IN TURE	
STUART FL 34994 US US US				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 07/21/1993	
	Place of Business	2a. Mailing Address	- 11	4. FEI Number	Applied For
21 296 Suite, Apt	DN. DIKIE HWY	26 290 N. L. Suite, Apt. #, etc.	DIKIE HWY	59-3197008	Not Applicable
22		<u> </u>	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 STUMET, FL 28 STUM		28 Stewart,	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	urrent year Intangible
24 349			50 L.S.		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
POWER, JOHN H					
1413 21ST ST STE A			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
VERO BEACH FL 32960			63		
1	NO DENOTTIC SECON				
			84 City	Fi	85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes	s, the above-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered
agent. I a	ım familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statutes.	and beard of unionistic. The boy decept the up	politimoni de registeres
SIGNATURE	Signature, typed or printed name of registered agent	and the Kanolicable (NOT)	Registered Agent signature require	of when reinstating) DATE	·
12.	OFFICERS AND		T 13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Lazarus, Stephen		1.2 NAME		
STREET ADDRESS	801 SW LIGHTHOUSE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		1.4 CITY - ST - ZIP		
TITLE	D WALLACT IOLIN	☐ DELETE	2.1 TITLE		Change Addition
NAME	WALLACE, JOHN 4620 ST. DAVID'S LANE		2.2 NAME		
STREET ADDRESS	VERO BEACH FL		2.3 STREET ADDRESS		i
CITY-ST-ZIP	VENO BEACH FL	DELETE	2 4 CITY-ST-ZIP		
TITLE NAME		☐ Office	3 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		<u>.</u>	4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 T(TLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Decemen	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME DIRECT ADDRESS		_	6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			63 STREET ADDRESS		
ULI 1-31-21 1	//	, ,	■ 0.4 UHT-SE-#P		

14. Thereby certify that the information surindicated on this artifulal terror for surofficer or director of Ma conforation.
Block 12 or Block 13 in Manager. noes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information out is true and accorate and that my signature shall have the same legal effect as if made under oath; that I am an one ompowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in