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 # P93000072940 (8)

TRADEWIND YACHTS, INC.

Principal Place of Business

Mailing Address

FILED Apr 15 1998 8:00am Secretary of State



1390 MAIN S SARASOTA F		1390 MAIN STREET SARASOTA FL 34236			
US		U\$		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
				10/14/1993	
2. Principal Place of Business 2a. Mailing Address			. 0. 0	4. FEI Number	Applied For
21 /850	S. USprey Hue.	26 <i>P.O. 15</i> 0 x	(1)28	65-0462917	Not Applicable
Sules Apt.	te 100A	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	osota, FL	28 Sarasot	a FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Zip Country SA Zip Zip Country SA Zip 3+239 30 Country SA Personal Property Tax du					Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
MCCURDY, JEFFREY 81 Name					
1390 MAIN ST 82				Address (P.O. Spx Number is Not (doeptable)	
SARASOTA FL 34236 (SDIPY HOV.					
			\bullet \lambda \lambda	Inte 100 A	
I			84 City	Scinosato FL	85 306000
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Elorida Statutes the above pared comparities authority this statement for the pursuant of sheet the pursuant of the pursuant o					
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		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	GRIFFIN, WILLIAM D		1.2 NAME		
STREET ADDRESS	1390 MAIN STREET		1.3 STREET ADDRESS	1830 S. Osprey Aug. Syr	te 100A
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota FC 31239	
TITLE	VS	☐ DELETE	2.1 TITLE		Change Addition
NAME	MCCURDY, JEFFREY		2.2 NAME	LIP ALLA LABORA O PAROLI	LA (AS) A
STREET ADDRESS	1390 MAIN STREET		2.3 STREET ADDRESS	1830 S. Osprey Aug. Suit	E 100/4
CITY-ST-ZIP	<u>\$arasota fl</u>	Delete	2. 4 CITY-ST-ZIP	sarasota, FL 31239	() () () () () () () () () ()
TITLE		☐ DELET É	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME		_ beerie	4.1 MILE 4.2 NAME		Cridings Aucut01)
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby certify that the information supplied with this filling 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.					