Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90295 017 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000072940

1. Corporation Name

TRADEW	/IND YACHTS, INC.				
Principal Flace	e of Business	Mailing Address		I INNIINNI IIN INIIN IIIII NAIII ANIII ANIII ANIII ANIII	1 10 010 11010 18111 61611 6611 1881
1830 S. OSPREY AVE P. O. BOX 728					
SUITE 100A SARASOTA FL 34239				DO NOT WRITE IN THIS SPACE	
SARASOTA FL 34239 US				DO NOT WRITE IN THIS SPACE	
US				3. Date incorporated or Qualifed 10/14/1993	
2. Panopal P	lace Business	2a. Mailing Address		4. FEI Number	Applied For
21 1. ()	150X 138	26		65-0462917	Not Applicable
Suite, /.pt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Octaments of octation between	Fee Required
23 CXY	asita PL	City & State	-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	ntangible
24 (54)	A30 25 11/A	29 3	0	Personal Property Tax.	¥Yes □No
	9. Name and Address of Current R	egistered Agent	<u> </u>	10. Name and Address of New Register	d Agent
MCCURDY, JEFFREY 1330 S. OSPREY AVE SUITE 100A SARASOTA FL 34239				Atress IP. 9. Bo Number is Not Acceptable) TIZ 1 TC 410 (VOS D TO FI	211 85 3453 6
11. Pursuant office or ragent. La	im familiar with, and accept the obligation	is of, Section 607,0505, Florid	a Statutes.	corporation submits this statement for the purpose coration's board of directors. I hereby accept the appointment of the purpose of the purpo	of changing its registered pintment as registered
	Signature, typed or printed n ime of registered agen; an	- 1100 H - PF	egistered Agent signature n	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	PTD COURTING WALLIAM D	C) DELL'IL	1.2 NAME		
NAME	GRIFFIN, WILLIAM D	<u>. </u>		a Martha Tamianai Ti	או א בל יו או
STREET ADDRESS	1830 S. OSPREY AVE, SUITE 100	JA-	1.3 STREET ADDRESS	a north Tamiami Li	Alianum Hol
CITY-ST-ZIP	-SARASOTA FL-34239_		1.4 CITY-ST-ZIP	SULUSULU, I'M OFER	Change Addition
TITLE	VS	☐ DELETE	2.1 TITLE		Charige Distinct
NAME	MCCURDY, JEFFREY		22 NAME	a Martha Toma ional Ti	all, Suite 40
STREET ADDRESS	1830 S. OSPREY AVE, SUITE 100	JA .	2.3 STREET ADDRESS	a north Tamiami Ti	ANT SAME LA
CITY-ST-ZIP	SARASOTA FL 34239		2. 4 CITY-ST-ZIP	sarasora, it swal	D Classical
TITLE		□ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		i
STREET ADDRESS			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			4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TID F		☐ Change ☐ Addition

64 CITY-ST-ZIP CITY-ST-ZIP 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 changes, or on an addict ment with an address, with all other like empowered.

5 2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICE ? OR DIRECTOR

DELETE

☐ Change

☐ Addition