

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

FILED
May 14 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P93000076497 (5)

1. Corporation Name

SAILFISH CUSTOM DESIGNS, INC.



Principal Place of Business

1501 S.W. DECKERS AVE
#116
STUART FL 34994

Mailing Address

1501 S.W. DECKERS AVE
#116
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1993

4. FEI Number

65-0450489

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 1501 Decker Ave

Suite, Apt. #, etc.

22 208

City & State

23 Stuart, FL

Zip

24 34994

Country

25 Martin

26. Mailing Address

26 SAME AS (2)

Suite, Apt. #, etc.

27 208

City & State

28 Stuart, FL

Zip

29 34994

Country

30 Martin

9. Name and Address of Current Registered Agent

CASSANITI, JOSEPH
9 E. OSCEOLA STREET
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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

Signature, typed or printed name, of registered agent and date it applies

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CASSANITI, JOSEPH
STREET ADDRESS 9 E. OSCEOLA STREET
CITY-ST-ZIP STUART FL 34994

TITLE D ☒ DELETE

NAME VINY, NORTON
STREET ADDRESS 9 E. OSCEOLA STREET
CITY-ST-ZIP STUART FL 34994

TITLE D ☒ DELETE

NAME VINY, JUDY
STREET ADDRESS 9 E. OSCEOLA STREET
CITY-ST-ZIP STUART FL 34994

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Cassaniti, Joseph
1.3 STREET ADDRESS 276 S.W. Langfield Ave
1.4 CITY-ST-ZIP Port Saint Lucie FL 34984

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME DeMonte, Frank
2.3 STREET ADDRESS 1493 N.W. Spruce Ridge Dr.
2.4 CITY-ST-ZIP Stuart, FL 34994

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 changed, or on an attachment with an address.

SIGNATURE

Pres. Joseph Cassaniti 4/20/98 561 200002526522
-05/18/98--01008--032
***150.00

CR2E034 (10/97)