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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P940(
1. Corporation Name
MIDCOAST YACHT SALES, INC. P94000011016 (0)

**FILED** Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							361 11011 20161 11	819 EIII 160)
	ENDALE STREET	PO BOX 475						
STUART FL S	34997	PORT SALERNO FL 34992				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	SPACE	
						02/03/1994		
	Place of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0472037		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	,	Additional
22		27 Ch - 8 Ch-4-	City & State					equired
City & Stat	е	├─┐ '				6. Election Campaign Financing		May Be
Zip	Country	Zip Country				Trust Fund Contribution		to Fees
24	25 29 30			y		<ol> <li>This corporation owes or has paid the or Personal Property Tax due June 30.</li> </ol>		tangible I No
24]	9. Name and Address of Curre		1301			10. Name and Address of New Registered		
AM	IES, JOHN A			81	Name			
	95 SE ELLENDALE ST.			_				
	UART FL 34997			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
575.W.11 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -			ŀ	63				
			}	В4	City		<b>85</b> Zip	Code
						F		
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								
					nt signature requir	ed when reinslating) DATE	D DIDEATAL	30.01.40
12.	OFFICERS AND DIRECTORS  DELETE			13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	AMES, PRISCILLA R.	La bette					Cuantic	
STREET ADDRESS	3095 SE ELLENDALE ST.			1.2 NAME  1.3 STREET AODRESS				ļ
	STUART FL		1					İ
CITY-ST-ZIP TITLE		DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
NAME				2.2 NAME			- andula	
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			2. 4 CITY - S1 - ZIP		i i			
TITLE		DELETE	3.1 TITLE		<u></u>		Change	Addition
NAME			3.2 NAME				J.	=
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			3 4. CITY - ST - ZIP					
TITLE				41 TITLE			Change	Addition
NAME			4.2 NA				-	ĺ
STREET ADDRESS			4.3 ST	REET	ADDRESS			]
CITY-ST-ZIP			4.4 CIT	Y-S1	T-71P			
TITLE			5.1 TIT	LE			Change	☐ Addition
NAME			5.2 NAI	5.2 NAME				- (
STREET ADDRESS			5.3 STF	REE1	ADORESS			1
CITY-ST-ZIP			5.4 CIT	Y-S1	T- ZIP			
TITLE	DELETE		6.1 TITLE				Change	Addition
NAME			6.2 NA	ME	ĺ			ĺ
STREET ADDRESS			6.3 ST	REET	ADDRESS			j
CITY-ST-ZIP			6.4 CIT	<u> </u>	T-ZIP			
14. I hereby o	certify that the information supplied v	with this filing does not qualify for	or the exe	mpt	ion stated in	Section 119.07(3)(i), Florida Statutes, I further of	ertify 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 chapged, or on an attachment with an address.

Hoolad