PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90173 005 ***150.00

DOCUMENT # P94000018775

1. Corporation Name

YACHI	CLUB DISTRIBUTORS OF TA	ampa Bay, Inc.						
Principal Place	of Business	Mailing Address	" -		. 1861188) 112 JEIN BIĞIL BENL S	Atti Balit saret 1	1881 (8)(11/881)	8861 8111 1881
3198 24TH AVE N P O BOX 66686 ST PETE BEACH FL 33713 ST PETER BEACH FL 33736				DO NOT ME	NTE IN THIS	CDACE		
us us				3 Da	te Incorporated or Qualifed	RITE IN THIS	SPACE	
,					/10/1994	-		i
2. Principal Pl	ace of Business	2a. Mailing Address			Number		App	plied For
21 /379	79 PARK BLVD	26 13799 PARK	C BLVD	59	-3228987		No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Ce	rtifcate of Status Desired		\$8.75 A	
22 #/2		27 125					Fee Re	·
City & State		City & State 28 SEMINOLE	£L.		ection Campaign Financing ast Fund Contribution	' _□	\$5.00 Added to	
23 <u>SE∧</u> Zip	AINOLE FL Country	Zip	Country		is corporation owes the cur	rrent vear Int:		<u> </u>
24 337	, — — .		O PINELLAS	5 Pe	rsonal Property Tax.	none your ma		□No
24/ 03/	9. Name and Address of Curren				me and Address of New	Registered /	Agent	
			81 Name	MARILA	1 MICHAEL	D		
CARLIN, MICAHEL D			82 Street A	ddress (P.O.	V MICHAEL Box Number is Not Accep PARK BLVI	table) 4		
6265 GULF BLVD				<u> 13799</u>	PARK BLVI) * /.	2 <i>5</i>	
SIP	ETE BEACH FL 33706		83					
			84 City	EMINE	OLE	FL	85 Zip C	Code
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State	of Florida. Such change was auti	horized by the corpol	orporation suration's board	bmits this statement for the of directors. I hereby accept	e purpose of ept the appoir	changing its	registered gistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	<u>la</u> Statutes.					
SIGNATURE	MICANEL D. CARLI Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Agent signature rec	quired when reinst	ating)	DATE	0-99	
12.	OFFICERS AN		13.		DITIONS/CHANGES TO O	FFICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	D				Addition
NAME	CARLIN, MICHAEL D		1.2 NAME	CARLIT	1 MICHAEL D	n # 17	15	
STREET ADDRESS	6265 GULF BLVD		1.3 STREET ADDRESS	13799	PARK BLV	ν – 100 40 – 101	, _	
CITY-ST-ZIP	ST PETE BEACH FL		1.4 CITY-ST-ZIP	SEMI	YOLE, FL	337/	<u>~</u>	F750 - 1 1111
TITLE	·	☐ OELETE	2.1 TITLE		•		Change	Addition
NAME			2.2 NAME					
STREET ADDRESS		•	2.3 STREET ADDRESS		• • • • • • • • • • • • • • • • • • • •	,	* -	
CITY-ST-ZIP			2.4 CITY-ST-ZIP				Change	Addition
TITLE		☐ DELETE	3.1 TITLE				□ cuanãe	☐ Addition
NAME			3.2 NAME 3.3 STREET ADDRESS					
STREET ADDRESS			3.4 CITY-ST-ZIP					
CITY-ST-ZIP		☐ 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	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					

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #