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 # 1. Corporation Name P94000029178 (8)

EAU	GALLIE YA	CHT HARBOR.	INC.									
Principal Place of Business Mailing Address									E FROM OUT THE LOUIS COURT COURT OF THE	HARIL ORRIGE ULDI	4 10101 5 11	
19151 FOX LANDING DR 19151 FOX LANDING DR												
BOCA RATON FL 33434 BOCA RATON FL 33434					434				DO NOT WRIT	E IN THIS	SDACE	
US						1			3. Date Incorporated or Qualified	E III IMIS	OF ACE	
			10	10 :					04/18/1994			
2. Princip	al Place of Busi	ness		2a. Mailing Address					4. FEI Number		1 7	Applied For
21			26	26					59-3310190			Vot Applicable
	Apt. #, etc.			STILE Apt. #, etc. 27 7. JAHES M. KAUFHAUTASS					5. Certificate of Status Desired		\$8.75	Additional
22									b. Certificate of Ciatas Desired		Fee I	Required
City &	State		\vdash	City & State					6. Election Campaign Financing	_		O May Be
Zip		Country	28	Zip Country					Trust Fund Contribution			
24		25	29	├ ¬ '				1	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24]	9. Name	and Address of Cur							10. Name and Address of New R			
	KAUFMAN, JA					81	Nan	ne				
19151 FOX LANDING DRIVE						82 Street Addre			s (P.O. Box Number is Not Accepte	able)		
BOCA RATON FL 33434						83						
								<u></u>				
						84	City			FL		Code
11. Pursu office agent	ant to the provis or registered a I am familiar w	sions of Sections 607. gent, or both, in the Si ith, and accept the of	0502 and 6 tate of Florid oligations of	07.1508, Florida St da. Such change w f, Section 607.0505	atutes, th as autho , Florida	e above rized by Statutes	e-nam the c	ed corpor orporation	ation submits this statement for the n's board of directors. I hereby acco	purpose of ept the app	changing ointment a	its registered is registered
SIGNATU	RE Skroeture biros	d or printed name of registered	t angot sod tillo	at auxilizable	(NOTE: Box)	etarad Ara	ot sions	ve regulard	when reinstating)	DATE		<u>-</u>
12.	Digrature, typin		DIRECTORS 13			NK GIGITA	(ore required	ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12	
TITLE	DPST			☐ DELETE							Change	
NAME		AN, JAMES M				1.2 NAME						
STREET ADDR	STREET ADDRESS 19151 FOX LANDING DR			1			ADDRES	s				
CITY-ST-ZIP	BOCA I	RATON FL				1.4 CITY-S	T-ZIP					
TITLE				DELETE	:	2.1 TITLE					Change	☐ Addition
NAME						2.2 NAME						
STREET ADDR	STREET ADDRESS			23			ADDRES	s				
CITY-ST-ZIP						2. 4 CITY - S	T-ZIP			·.		
TITLE	ĺ			DELETE		3.1 TITLE					Change	Addition
NAME						3.2 NAME						
STREET ADDR	SS					3.3 STREET	ADDRES	s				
CITY-ST-ZIP							3.4. CITY - ST - ZIP 4.1 TITLE				l la	1 1 1 1 1 1
	TITLE			L) DELETÉ				1			Change	Addition
NAME						1. 2 NAME						
STREET ADDR	SS					1.3 STREET		s				
CITY-ST-ZIP	 			DELETE		1.4 CITY - ST	- ZIP				Chance	
TITLE	1			ויין הברבוב		5.1 TITLE		1			Change	☐ Addition
NAME						5.2 NAME						
STREET ADDRE	SS					3 STREET		S				j
CITY-ST-ZIP	 _					3.4 CITY-\$1	I - ZIP					
	Ł .			DELETE		3.1 TITLE		1			Change	Addition

14. Thereby 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 proof 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 trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or or an attachming with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 20 1998 8:00am

Secretary of State