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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90274 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000041154

1. Corporation Name
 DAY SAIL CHARTERS, INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 06/02/1994

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 2450 N.E. 135 ST. | 26 2450 N.E. 135 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 APT # 412 | 27 APT # 412 |
| City & State | City & State |
| 23 N. MIAMI, FL | 28 N. MIAMI, FL |
| Zip Country | Zip Country |
| 24 33181 25 | 29 33181 30 |

| | |
|---|---|
| 4. FEI Number | Applied For |
| 65-0515277 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

| | |
|---|------------------------|
| 81 Name | Christopher B. Waldera |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 6400 Overseas Highway |
| 83 | |
| 84 City | Marathon FL |
| 85 Zip Code | 33050 |

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 Christopher B. Waldera Ch B Wald 4/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GEDDES, HAROLD G | |
| STREET ADDRESS | P.O. BOX 21592 N/A | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33335 | |
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | GEDDES, CAROLE J | |
| STREET ADDRESS | P.O. BOX 21592 N/A | |
| CITY-ST-ZIP | FORT LAUDERDALE 33335 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | GEDDES, HAROLD G | |
| 1.3 STREET ADDRESS | 2450 N.E. 135TH ST., APT. #412 | |
| 1.4 CITY-ST-ZIP | N. MIAMI, FL 33181 | |
| 2.1 TITLE | VSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | GEDDES, CAROLE J | |
| 2.3 STREET ADDRESS | 2450 N.E. 135TH ST., APT #412 | |
| 2.4 CITY-ST-ZIP | N. MIAMI, FL 33181 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Harold G. Geddes HAROLD G GEDDES 4/10/99 305-948-6494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)