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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## P94000062068 **DOCUMENT #**

1. Corporation Name

DAY SAIL LEASING COMPANY

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90252 036 \*\*\*150.00

Principal Plac	ce of Business	Mailing Address							
						DO NOT WRI	TE IN THIS	SPACE	
					;	3. Date Incorporated or Qualified 8/23/1994	L		
2. Principal Place of Business  2a. Mailing Address					4. FEI Number		Ar	oplied For	
21 2450	N.E. 135 ST.		35	ST.		65-0515 185			ot Applicable
Suite, Apt.	#, etc. # 412	Suite, Apt. #, etc. 27 Apr # 412				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State City & State					6. Election Campaign Financing			May Be	
	11AMI, FL	28 N. MIAMI	1 5			Trust Fund Contribution			to Fees
zip 24 33 l	Country 25	Zip 23.121 [a	Cou	ntry		8. This corporation owes the curr	ent year Int	angible XYes	□No
24 551	S   25       Name and Address of Current		30		l	Personal Property Tax.  10. Name and Address of New I	Registered	<del>/-</del>	
	3. Name and Address of Garter	it Registered Agent		81 Name	0.4				
İ				-	CHI	CISTOPHER B. 1	VALL	)ERA	
				82 Street	Addres	s (P.O. Box Number is Not Accepta DO OVERSEAS	able)	WAY	
			1	83	<i>W</i> -7 6	OU DVERDERO	11071	1111	
								<del></del>	
				84 City /	Ma	CATHON	FL	85 Zip (	Code 5050
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the at	ove-named	corpora	ition submits this statement for the	purpose of	changing its	registered
office or r agent. Ia	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607,0505, Floric	horized Ia Statu	by the corp tes.	oration'	s board of directors. I hereby accer	the appoii ا	ntment as reg	gistered
SIGNATURE	Ma B 11/2	11 6	huiz	Lake	$\mathcal{F}$	Waldera	4/1	7/40	
	Signature, typed or ented name of registered ager		tegistered.	Agent signature	required w	<u> </u>	DATE	///	
12.	1	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD .	☐ DELETE	1.1 TIT					Change	☐ Addition
NAME	GEDDES, LILA N	١	1.2 NA						
STREET ADDRESS	2228 DRAKESTI COLORADO SPRIN	ONB ON ONO		REET ADDRESS					
CITY-ST-ZIP	COLDRADO SPRIN	0GS. CO 80909 DELETE		Y-ST-ZIP	ļ			Change	Addition
TITLE	VS	, · .	2.1 TIT					Change	[_] Addition
NAME	WALDERA, CHRIS	SIOPHER D	2.2 NA						
STREET ADDRESS	1225 SE 2ND AT	バー 「マー 22311。	1	REET ADDRESS					
CITY-ST-ZIP TITLE	PORT LAUDERDAE	B.PC 33016	2.4 CI 3.1 TIT	TY-ST-ZIP	lvic			Change	Addition
NAME			3.2 NA		GE	DDES. HAROLD G			
STREET ADDRESS			3	REET ADDRESS	24	DOES, HARDLAG 50 N.E. 135Th S	T. AP	T # 41	_
CITY-ST-ZIP				Y-ST-ZIP	λ/.	MIAMITE 33	181		
TITLE		☐ DELETE	4.1 TITI		1			Change	☐ Addition
NAME			4. 2 NA						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP			ì	Y-ST-ZIP					
TITLE	·	☐ DELETE	5.1 TITE					☐ Change	☐ Addition
NAME			5.2 NA	ИE					
STREET ADDRESS			5.3 STF	REET ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	6.1 TI∏	Æ				Change	Addition
NAME			6.2 NA	Æ	ĺ				
STREET ADDRESS			6.3 STF	REETADDRESS					
			<b>I</b>		I				

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.

305-948-6494 **SIGNATURE**