

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

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90060 021 \*\*\*150.00

DOCUMENT # P94000064881

1. Corporation Name

AMERICAN YACHT BROKERS, INC.

Principal Place of Business

1515 SE 17TH STREET  
SUITE #131  
FT LAUDERDALE FL 33316  
US

Mailing Address

1515 S.E. 17TH STREET  
SUITE #131  
FT LAUDERDALE FL 33316  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1994

4. FEI Number

65-0517487

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

DAVES, CHRISTIAN

1515 S.E. 17TH STREET

SUITE #131

FORT LAUDERDALE FL 33316

313 5TH STREET

WEST PALM BEACH,

FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, type and print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

DP

NAME

DAVES, CHRISTIAN S

STREET ADDRESS

220 OSCEOLA WAY

CITY-ST-ZIP

PALM BEACH FL 33480

TITLE

ST

NAME

PORTER, JOHN A.

STREET ADDRESS

2-N. TAMiami TR.

CITY-ST-ZIP

SARASOTA FL

TITLE

AS

NAME

MAASS, ROBB R.

STREET ADDRESS

321 ROYAL POINCIANA PLAZA

CITY-ST-ZIP

PALM BEACH FL

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

☐ DELETE

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TITLE

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NAME

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STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1809 CHANCELLOR POINT ROAD  
TRAPPE, MD 21673

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)