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

DOCUMENT # P94000074484

1. Corporation Name

F.N.C. YACHT DESIGN & MARINE ENGINEERING, INC.

						BII 3/BII BIEBI IBIII BIEI IBBI	
Principal Place of Business Mailing Address				(INSTINCTION OF SETT AND ANCHORS OF SETT AND	-11 3:31; 0:00; 101:: 0:01 :00:		
709 SW 10TH ST 709 SW 10TH ST							
FT_LAUDERDALE-FL-33315					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed) ACE	
2 Principal Physics of President					10/11/1994 4. FEI Number	Applied For	
2. Principal Place of Business		2a. Mailing Address	-			Not Applicable	
21 Suite Apt # etc		Suite Ast # etc	Suite, Apt. #, etc.		65-0543610	\$8.75 Additional	
Suite, Apt. #, etc.		_ '			5. Certificate of Status Desired	Fee Required	
City & State		City & State			6 Flesties Compaign Financing	\$5.00 May Be	
23		28			6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
Zip Country			Zip Country		8. This corporation owes the current year Intal	naible	
24	25	29 30				☐ Yes ☐ No	
24)	9. Name and Address of Current		<u>, </u>		10. Name and Address of New Registered A	gent	
			81	Name		,	
NISBETT, WALTER H			-	Ot 4 A	duese (D.O. Bay Number in Not Acceptable)		
709	SW 10TH ST		82	Street Add	dress (P.O. Box Number is Not Acceptable)	}	
FT L		83	 				
			84	,	<u>FL</u>	85 Zip Code	
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 or directors. I hereby accept the appointment as registered							
agent. I a	n familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes	i.		udir do rogio-ere	
SIGNATURE		•					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				nt signature requi	red when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
TITLE	DPT	□ DELETE	1.1 TITLE			Charge Disording	
NAME	NISBETT, WALTER H		1.2 NAME				
STREET ADDRESS	% 709 SW 10TH ST	/	1.3 STREE	TADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33315	5051575	1.4 CITY-S	T-ZIP		Change Addition	
TITLE	DVS	DELETE	2.1 TITLE	1		Citalige Divosition	
NAME .	STOW-NISBETT, VIRGINIA		2.2 NAME				
STREET ADDRESS	% 709 SW 10TH ST		2.3 STREE	TADORESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33315		2. 4 CITY-5	ST-ZIP		Change Addition	
TITLE			3.1 TITLE	1	• •	☐ Change ☐ Addition	
NAME			3.2 NAME	-		Į	
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		Change Addition	
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NAME				
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CITY-\$T-ZIP	·		4.4 CITY-S	T-ZIP		Change Claddition	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			i	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME			ĺ	
STREET ADDRESS				T ADDRESS		Ì	
CiTY-ST-ZiP	n mon according		6.4 CITY-S	T-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 one an attachment with a haddress, with all other like empowered.

CITY-ST-ZIP

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90020 006 ***150.00