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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000002811 (4)

LUXURY YACHT AND REAL ESTATE CONNECTIONS, INC.

Principal Place of Business 660 TENNIS CLUB DR UNIT J-305 FT LAUDERDALE FL 33311

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address 660 TENNIS CLUB DR FT LAUDERDALE FL 33311

2a. Mailing Address

P.O.R

Suite, Apt. #, etc.

**FILED** 

Jan 23 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date incorporated or Qualified 01/09/1995

65-0567090

4. FEI Number

| 22  |   | 27                              |            |                                 |                   | 5. Certificate of Status Desired           | 1 1                     | Additional<br>equired |
|---|---|---------------------------------|------------|---------------------------------|-------------------|--|-------------------------|-----------------------|
| City & Sta  | le  | City & State                    |            | _                               | ^ <del>7-</del> - | 6. Election Campaign Financing             | \$5.00                  | May Be                |
| 23  |   | 28 FT? LAU                      | Derd       | al.                             | e. 17             | Trust Fund Contribution                    |                         | to Fees               |
| Zip   | Country                                   | Zip                             | Coun       | try                             |                   | 8. This corporation owes or has pai        | d the current year in   | tangible              |
| 24  | 25  | 29 33307                        | 30         |                                 |                   | Personal Property Tax due June             |                         | □ No                  |
|   | 9. Name and Address of Current            | Registered Agent                | •••        | 10. Name and Address of New Reg | jistered Agent    |  |                         |                       |
|   | OPP, WHITNEY D                            |                                 | 8          | וו                              | lame              |  |                         |                       |
| 660 TENNIS CLUB DR  |   |                                 |            |                                 | Street Addres     | s (P.O. Box Number is Not Acceptable       | (e)                     | · ·                   |
| UNIT J-305  |   |                                 |            |                                 |                   |  |                         |                       |
| FT LAUDERDALE FL 33311  |   |                                 |            | 3                               |                   |  |                         |                       |
|   |   |                                 | l a        | 4 (                             | City              |  | ac Zin                  | Code                  |
|   |   |                                 | - 1        |                                 | •                 |  |                         |                       |
| 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   |   |                                 |            |                                 |                   |  |                         |                       |
| 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, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required when reinstaling)  DATE   |   |                                 |            |                                 |                   |  |                         |                       |
| 12.   | OFFICERS AND                              |                                 | 13.        |                                 |                   | ADDITIONS/CHANGES TO OFFICE                | ERS AND DIRECTOR        | RS IN 12              |
| TITLE   | PST                                       | ☐ DELETE                        | 1.1 TOTAL  |                                 |                   |  | ☐ Change                | ☐ Addition            |
| NAME  | COPP, WHITNEY D                           |                                 | 1.2 NAM    | E                               |                   |  |                         |                       |
| STREET ADDRESS  | 660 TENNIS CLUB DR UNIT J-                | 305                             | 1.3 STRE   | ET ADO                          | DRESS             |  |                         |                       |
| CITY - ST - ZIP   | FT LAUDERDALE FL 33311                    |                                 | 1.4 CITY   | -ST-ZI                          | P                 |  |                         |                       |
| TITLE   |   | ■ DELETE                        | 2.1 TITLE  |                                 |                   |  | Change                  | ☐ Addition            |
| NAME  |   |                                 | 2.2 NAM    | E                               |                   |  |                         |                       |
| STREET ADDRESS  |   |                                 | 2.3 STRE   | ET ADE                          | IRESS             | 45   | ~                       |                       |
| CITY-ST-ZIP   |   |                                 | 2. 4 CITY  | -ST-Z                           | IP .              |  |                         |                       |
| TITLE   |   | ☐ DELETE                        | 3,1 TITLE  |                                 |                   |  | Change                  | Addition              |
| NAME  |   |                                 | 3.2 NAM    | :                               |                   |  |                         |                       |
| STREET ADDRESS  |   |                                 | 3.3 STRE   | ET ADD                          | ress              |  |                         | ,                     |
| CITY-ST-ZIP   |   |                                 | 3.4. CITY  | -ST-Z                           | IP                |  |                         |                       |
| TITLE   |   | ☐ DELETE                        | 4.1 TITLE  |                                 |                   |  | Change                  | Addition              |
| NAME  |   |                                 | 4. 2 NAM   | E                               |                   |  |                         |                       |
| STREET ADDRESS  |   |                                 | 4.3 STREE  | ET ADD                          | RESS              |  |                         |                       |
| CITY-ST-ZIP   |   |                                 | 4.4 CITY   | ST-ZI                           | -                 |  |                         | ]                     |
| TITLE   |   | DELETE                          | 5.1 TITLE  |                                 |                   |  | ☐ Change                | Addition              |
| NAME  |   |                                 | 5.2 NAME   |                                 |                   |  |                         |                       |
| STREET ADDRESS  |   |                                 | 5.3 STREE  | T ADD                           | RESS              |  |                         |                       |
| CITY-ST-ZIP   |   |                                 | 5.4 CITY-  |                                 |                   |  |                         | İ                     |
| TITLE   |   | DELETE                          | 6.1 TITLE  |                                 |                   |  | Change                  | Addition              |
| NAME  |   |                                 | 6.2 NAME   |                                 |                   |  |                         |                       |
| STREET ADDRESS  |   |                                 | 6.3 STREE  | T ADD                           | RESS              |  |                         |                       |
| CITY-ST-ZIP   |   |                                 | 6.4 CITY   | ST - ZIF                        | ,                 | ,  |                         |                       |
| 14. I hereby o  | ertify that the information supplied with | this filing does not qualify fo | r the exem | ption                           | stated in Se      | ction 119.07(3)(i), Florida Statutes. I fu | irther certify that the | information           |

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.