Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90173 047 ***150.00

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 # P95000007140 1. Corporation Name

TOP GUI	N CUSTOM YACHT REFIN	ISHING, INC.							
Principal Place	of Business	Mailing Address				THE HEAD OF THE PARTY OF THE PA		† 631() IDBO! FIDII OF	Kil Alit sanı
2206 S.W. 96TH ST. 2206 S.W. 96TH ST. STUART FL 34997 STUART FL 34997						DO NOT WITH		IO ODACE	
						DO NOT WE		S SPACE	
			. ~			 Date Incorporated or Qualifed 01/24/1995 			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Appl	lied For
21		26				65-05542 <u>41</u>		Not .	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 Ad	
22		27				3. Certificate of Glatos Desired		Fee Req	uired
City & State City & S			State			6. Election Campaign Financing	' □	\$5.00 M	flay Be
23 28						Trust Fund Contribution		Added to	Fees
Zip				intry		8. This corporation owes the cur	τent year Ir	ntangible	
24	25	29	30			Personal Property Tax.			No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New	Registered	d Agent	
				81	Name				
Brammeier, doug				82	Street A	ddress (P.O. Box Number is Not Accep	table)		
2206 S.W. 96TH ST.					Outer	address (1.0. box rumos to not noop			
STUART FL 34997				83					
				Ш				7:-0	(-
				84	City		F	85 Zip Co	ode
office of R	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	e of Florida. Such change was ations of, Section 607.0505, F	s autnonzeo Florida Stat	utes	the corpor	corporation submits this statement for the ration's board of directors. I hereby according to the reinstating (quired when reinstating)	e purpose o	of changing its regi	egistered istered
12.		ND DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO O	FFICERS A	AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TI	TLE	1			☐ Change	Addition
NAME				AME	1				1
STREET ADDRESS	and the second s			TREET	ADDRESS				{
	TI: 7 : 1111 1111 - 111			ITY-S1				•	
TITLE				TLE				☐ Change	Addition
NAME	1001			AME					
i i					ADDRESS			-	ļ
STREET ADDRESS									
CITY-ST-ZIP				2.4 CITY-ST-ZIP				Change	Addition
TITLE	•			3.1 IIILE 3.2 NAME				_ ,	_
NAME									
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				πy-s	T- ZIP			Change	☐ Addition
गाLE		☐ DETEIR	4.1 ₮					onunge	
NAME			4.2 N		- 1				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			_	TY-S	r-ziP	****			C & Addition
TITLE		DELETE	5.1 T					☐ Change	Addition
NAME			5.2 N	AME					

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 arroual 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 it chapted, or on an attactyment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

and the second second

Change

Addition