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 17, 1999 8:00 am Secretary of State

03-17-1999 90152 041 ***150.00

DOCUMENT # P95000010137 1. Corporation Name

FLORIDA YACHT CONNECTION, INC.

Principal Place	of Business	Mailing Address			
3444 MARINATO	OWN LANE	3444 MARINATOWN LANE			
#10 #10				DO NOT WRITE IN T	HIS SPACE
N. FORT MYERS FL 33903 N. FORT MYERS FL 33903				3. Date Incorporated or Qualifed	
}				02/03/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0652241	Not Applicable
Suite, Apt	#, etc	Suite Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional
22	· · · · · · · · · · · · · · · · · · ·	27			Fee Required
City & State	÷	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Personal Property Tax.	Yes No
24	25		30	10. Name and Address of New Register	
<u> </u>	9. Name and Address of Curre	nt Registered Agent	81 Name	To. Hamo and Made of the Mary	
SOU	DERS, KATHLEEN		_		
3444 MARINATOWN LANE			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
#10			83		
N. FORT MYERS FL 33903					
,,,,	14. 1 OTT WILLIO 1 E 33333			F	Zip Code
SIGNATURE .	Signature typed or printed name of registered age	ND DIRECTORS	Relastered Agent signature reg. 13.	uired Anen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	: 1 TiTLE		Change Addition
NAME	SOUDERS, KATHLEEN		1.2 NAME		
STREET ADDRESS	3444 MARINATOWN LANE, #	10	1.3 STREET ADDRESS		
CITY-ST-ZIP	N. FORT MYERS FL 33903	- Decire	1 4 CITY-\$ î - ZIP		Change Addition
TITLE	V	☐ DELETE	21 TITLE		Change Changer
NAME	SOUDERS, ALLAN	10	2 2 NAME		
STREET ADDRESS	3444 MARINATOWN LANE, #	10	2.3 STREET ADDRESS		
CITY-S1-ZIP	N. FORT MYERS FL 33903	— — . [] DELETE	3 ' TITLE	· ·	Change Addition
TITLE			3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		(_) DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADORESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME.			6.2 NAME		

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, on an attachment with an address, with all other like empowered.

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE

STREE | ADDRESS

CR2E034 (11/98)