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 # P95000016981

1. Corporation Name

ATLANTIC YACHT SERVICES, INC

								[
Principal Place of Business Mailing Address											
1309 SW 21 TERRACE 1309 SW 21 TERRACE											
FT LAUDERDALE FL 33312			FT LAUDERDALE FL 33312					DO NOT WRITE IN THIS SPACE			
US			US					3. Date Incorporated or Qualifed 03/01/1995	<u> </u>		
2. Principal Place of Business 2a. Mailing Address								4. FEI Number	T A	pplied For	
— ·	lace of business		26	Walling / Idai ooo				65-0663045	<u> </u>	ot Applicable	
Suite, Apt.	# etc		20	Suite, Apt. #, etc.					\$8.75	Additional	
	#, Btc.		27	Galley Ciplin (1970)				5. Certifcate of Status Desired	Fee R	equired	
City & State				City & State				6. Election Campaign Financing	\$5.00	May Be	
– '			28					Trust Fund Contribution		to Fees	
Zip	Cou	ntrv	120	Zip	Cou	intry		8. This corporation owes the current year intang	ble		
	25	,	29		30	·		Personal Property Tax.	Yes	□No	
24		dress of Current F		stered Agent	11			10. Name and Address of New Registered A	ent		
	J. Hama and He					81	Name			ľ	
	CHARLES					82	Street A	ddress (P.O. Box Number is Not Acceptable)			
1309 SW 21 TERRACE FT LAUDERDALE FL 33312										<u> </u>	
FIL	AUDERDALE FL 3	3312				83				. [16] [16]	
						84	City	FI	85 Zip	Code	
<u> </u>				07 1509 Florido Stat	utoc the a	have	named co	orporation submits this statement for the purpose of ch	anging its	s registered	
· office or r	naietorod anont or h	oth in the State of	Florid	da. Such change was Section 607.0505, F	authorized	יעסיב	tne corpor	ation's board of directors. I hereby accept the appointr	nent as re	egistered	
SIGNATURE								DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: f						Registered Agent signature require		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.		OFFICERS AND	DIRE		13.		- 1		Change		
TITLE	PD			☐ DELETE	1,1 Ti						
NAME	DICK, CHARLES				1.2 N			•			
STREET ADDRESS	1309 SW 21 TEF				1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE	FL				TY-81	f-ZIP		Change	Addition	
TITLE				☐ DELETE	2.1 TI	TLE		·	Criange		
NAME					2.2 N	AME		•	•		
STREET ADDRESS					2.3 S	TREET	ADDRESS	•		ļ	
CITY-ST-ZIP						ITY-S	T-ZIP			- Addition	
TITLE				☐ DELETE	3.1 T	TLE		i	Change	Addition	
NAME .					3.2 N	AME					
STREET ADDRESS					3.3 S	TREET	ADDRESS			西瓜製品(雑)	
CITY-ST-ZIP					3.4. 0	ITY-S	T-ZIP		36 - 1	- N - St * S	
TITLE		<u> </u>		☐ DELETE	4,1 T	TLE			Change	1ੇ ਜੋ ☑ Addition	
NAME	į				4.21	IAME				Ì	
STREET ADDRESS					4.3 S	TREET	ADDRESS				
CITY-ST-ZIP					4.4 0	TY-S	T-ZIP	·			
TITLE	-			☐ DELETE		ITLE '			Change	Addition	
NAME					5.2 N	AME	ļ		•		
STREET ADDRESS					5.3 S	TREET	ADDRESS				
CITY-ST-ZIP					5.4 C	ITY-S	T-ZIP	4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
TITLE	,	-,		☐ DELETÉ	6.1 T	TLE		·	Change	Addition	
NAME	,				6.2 N	AME					
STREET ADDRESS	'				6.3 S	TREET	F ADDRESS			.	
- CHELL MODIFIEDS					_						

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90036 041 ***150.00