

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90167 004 ***150.00

0291643

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000035761

1. Corporation Name
DAKOTA YACHTS INDUSTRIES, INC.



Principal Place of Business 990 NW 11TH AVE BAY 6 FT. LAUDERDALE FL 33311 US	Mailing Address 990 NW 11TH AVE BAY 6 FT. LAUDERDALE FL 33311 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 999 NW 10 TRAIL Suite, Apt. #, etc.	2a. Mailing Address 26 999 NW 10 TRAIL Suite, Apt. #, etc.
22 City & State 23 Ft. Lauderdale FL	27 City & State 28 Ft. Lauderdale FL
24 Zip 33311 25 Country U.S.A.	29 Zip 33311 30 Country U.S.A.

3. Date Incorporated or Qualified 05/08/1995	Applied For Not Applicable
4. FEI Number 65-0578244	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PASSEY, JOSEPH F JR.
1550 N.E. 40 PLACE
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	5012 MALLARDS PLACE
83	
84 City	COCONUT CREEK FL
85 Zip Code	33073

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PASSEY, JOSEPH F JR	
STREET ADDRESS	1550 NE 40 PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BEATTLE, SCOTT B	
STREET ADDRESS	1550 NE 40 PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PASSEY, CATHERINE	
STREET ADDRESS	1550 NE 40 PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5012 MALLARDS PLACE
1.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5012 MALLARDS PLACE
3.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Catherine Passey* **4/9/99** **954-522-0082**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)