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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000044611 (8)

1. Corporation YACHTI	NG BLISS MARINE SE	RVICES, INC.	, (O)						
Principal Place of Business Mailing Address									
	ZE BOULEVARD RDALE FL 33316		801 SEABREEZE BOULEVARD FORT LAUDERDALE FL 33316			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						06/01/1995			
2. Principal Pl	ace of Business	2a, Mailing A	2a, Mailing Address			4. FEI Number		Applied For	
1		26				65-0585854		Not Applicab	
Suite, Apt. (W, etc.	Suite, Ap	Suite, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State)		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 4	Country 25	7ip 29	30	Country	/		Yes	Intangible No	
	9. Name and Address of Co	urrent Registered Age	nt	81	Name	10. Name and Address of New Registered	Agent		
Mauer, Christopher 801 Seabreeze Boulevard Fort Lauderdale FL 33316				82 Street Ad		dress (P.O. Box Number is Not Acceptable)			
				84	City	FL	85 Z	ip Code	
	o the provisions of Sections 607 ogistered agent, or bolt on the n familiar with, and accept the o	7.0502 and 607.1508, F State of Florida Such c obligations of, Section (lorida Statutes, the change was author 507.0505, Florida (e abov ized b Statule	e-named cor y the corpora s.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the applications	f changin pointment	g its registere as registered	
SIGNATURE	Signature, typed or printed number of register	rod agent and blic if applicable	(NOTE Regis	stered Ag	eni signature req	uired when reinstating) DATE			
2.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN			
TLE	D	Ĺ.] DELETE 1	.1 TITLE			Chan	ge 🔲 Additio	
NME	MAUER, CHRISTOPHER		1	.2 NAME		-			
REET ADORESS	801 SEABREEZE BOULE		1	.3 STREET	ADDRESS	73,			
TY-ST-ZIP	FORT LAUDERDALE FL 3			4 CITY - S	ST-ZIP				
rle [DELETE 2	1 TITLE			Chan	ge 🔲 Additio	
LME			2	2 NAME					
TREET ADDRESS			2	3 STREET	F ADDRESS				
ITY-ST-ZIP				. 4 CITY -	ST-ZIP	and the second s			
TITLE		L	1	L1 T(TLE	-		Chang	ge 🔲 Additio	
NAME				I.2 NAME					
STREET ADDRESS			3	1.3 STREET	F ADDRESS				
CITY - ST - ZIP			3	4. CITY-	ST-ZIP				

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 supplementar equial 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 of the received 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

4.1 TITLE

4 2 NAME

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY - ST- ZIP

5.3 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

DELETE

DELETE

Change

Addition

Addition

FILED

Apr 01 1998 8:00am

Secretary of State