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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 15 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

1860 GRIFFIN RD

P95000050440 (3)

Mailing Address

1880 GRIFFIN RD.

DANIA BOAT YARD SOUTH, INC.

US US						US						٠	DO NOT WRITE IN THIS SPACE					
- 												ſ	3. Date Incorporated or Qualified					
	_												06/28/1995					
2.	Principal Place	of Busin	1055		L	2a. Mailing Address							4. FEI Number	65-081	7234	·		plied For
21	-						26						-65-04027	44		60		t Applicable
_	Suite, Apt. #, e	itC.			-	Suite, Apt. #, etc.						·	5. Certificate of St	atus Desired		—		dditional quired
22							City & State						- Ft					 .
	City & State					28						1	Election Campa Trust Fund Con	-		•		May Be o Fees
23	Zip			Country			Zip	Τ (Country	· · ·			8. This corporation		aid the cur			
24	L.P	ŀ	25		2	_		30		•				rty Tax due June	-	Yes) No
Name and Address of Current Registered Agent													10. Name and Add			Agent		
FLYNN, FRANCIS E										Π	Name							
1880 GRIFFIN RD									82	+	Stract A	Address (P.O. Box Number is Not Acceptable)						
DANIA FL 33004									"	Τ	Olloce	100103	3 (1 .O. DOX (10/1100)	ia rioc riocopia	5.07			
	D , 11		•••						83	Г								
									84	+-	City				FI	85	Zip (Code
41	Pursuant to th	aivora er	ions	of Sections 60	7.0502 and	60	7.1508. Florida Statu	ites, th	abov	e-r	named o	corpora	ation submits this st	atement for the	purpose of	chang	ing it	s registered
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														registered				
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.																		
SI	GNATURE Sign	ature, typed	or prir	nted name of register	ced agent and	tide i	applicable (NO	TE Regis	tered Ag	ent	s gnalure r	required s	when reinstating)		DATE			
12				OFFICER	S AND DIF	iEC	TOR\$	1	3.				ADDITIONS/CHA	NGES TO OFFI	CERS AND			
TIT	i i	D					L DELETE	1	.1 TITLE							Ch	ange	Addition
NA	1	FLYNN,						1	.2 NAME									
ŞT				H 50TH AVE				1	.3 STREET	ŢĄĹ	DDRESS							
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TIT		D					DELETE		.1 TITLE		1					L Ch	ange	☐ Addition
NA				i, stefen					2 NAME					144	,			
STREET ADDRESS 2084 N.W. 193RD AVE. CITY-ST-ZIP PEMBROKE PINES FL 33029							3			23 STREET ADDRESS								
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TIT							LJ DELETE		1 TITLE		1						ariye	L_ Addition
	ME								2 NAME									
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Į.	TY-ST-ZIP								4 CITY-3									
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N	ME							6	.2 NAME									
ST	REET ADDRESS							6	.3 STREE	T AI	DDRESS							
cr	TY-ST-ZIP								4 CITY-									
14	Lharehy certi	fy that th	e inf	ormation suppl	ied with th	is fi	ing does not qualify report is true and ac	for the	exemp	otic	on state	d in Se	ection 119.07(3)(i), F	lorida Statutes.	I further ce	rtify th	at the	information
	officer or dire	ctor of the	ne co	rporation or the	o receiver	or 1	report is true and ac rustee empowered to vith an address.	ourale Oexect	and this	rei re	eport as	require	ed by Chapter 607,	Florida Statutes	; and that r	ny nan	ne ap	pears in

1/1/190