## **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

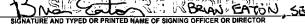
## DOCUMENT # P95000065301

<ol> <li>Corporation</li> </ol>	n Name				1			
ABBRACCI YACHT SALES, INC.								
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	• •							
Principal Place of Business Mailing Address					1 (00)  40)   50   810   8111  80  1 90  1 90  1 90  1	18 81181 BILBS (411)	EBIBI IIBI IBBI	
1500 CORDOVA RD 1500 CORDOVA RD								
STE 314 STE 314					DO NOT WRITE IN THIS SPACE			
FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 US US				3. Date Incorporated or Qualified				
US		. 03			08/22/1995		}	
2. Principal Place of Business 2a. Mailing Address				<del></del>	4. FEI Number	Ap	plied For	
21 26		<del> </del>			65-0604172	<u> </u>	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75	Additional		
27			-	-	5. Certifcate of Status Desired	Fee Re	equired `	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
23 28					Trust Fund Contribution	Added	to Fees	
Zip	,		Country			_		
24	25		30		Personal Property Tax.	☐ Yes	Mo	
Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent		
1145/	EO WADDEN D OD		81	Name				
HAYES, WARREN D SR.			82	Street Adda	ress (P.O. Box Number is Not Acceptable)			
321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480								
PALI	W DEACH FL 33400		83	ļ			}	
•			84	City	F	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t						_	registered	
office or r	egistered agent or both in the State	of Florida. Such change was aut	honzed by	the corporation	on's board of directors. I hereby accept the app	ointment as re	egistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes	i.				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	tegistered Ager	nt signature require	ed when reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	
TITLE	PD	☐ DELETE 1.1 TIT				Change	Addition	
NAME	ANDREWS, PAUL E JR.	AF.	1.2 NAME				1	
STREET ADDRESS	2441 N.E. PARKWAY			TADDRESS	• .		المحاسبة المحاسبة	
CITY-ST-ZIP	□11_7.7.T		1.4 CITY-S	T-ZIP				
TITLÉ	STD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME			2.2 NAME	Ì				
STREET ADDRESS			2.3 STREE	TADORESS				
CITY-ST-ZIP	1 0111 11 011111 111		2.4 CITY-5	ST- ZIP				
TITLE	AS ☐ DELETE 3.1 TI		3.1 TITLE			Change	☐ Addition	
NAME	MAAGO, HODD II.		3.2 NAME					
STREET ADDRESS	OLI NOTAL I ONIONALI I DIE		3.3 STREE	T ADDRESS			Ì	
CITY-ST-ZIP	171207 22 (01)112		3.4. CITY-5	ST-ZIP		Chance	☐ åddition	
TITLE			4.1 TITLE			☐ Change	☐ Addition	
NAME		4.21		1			ĺ	
STREET ADDRESS				TADORESS				
CITY-ST-ZIP	J		4.4 CITY-S	T-ZIP		☐ Change	Addition	
TITLE	1		5.1 TITLE 5.2 NAME			L. Cilange		
NAME	F 2		I.	T ANDRESS				
STREET ADDRESS	233			T ADDRESS				
CITY-ST-ZIP	1		5.4 CITY-S 6.1 TITLE	N-ZIF		☐ Change	Addition	
MILE !		[ ] OCCETE	6.2 NAME					
NAME CO				TADORESS			Ì	
STREET ADDRESS	1		V.O GINEE	20 200				

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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 



(817) 740-9000

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90016 041 \*\*\*150.00