

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90236 037 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000082984**

1. Corporation Name  
**MARTIN YACHT CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4810 DLETONA DRIVE PUNTA GORDA FL 33950</b>	Mailing Address <b>4810 DLETONA DRIVE PUNTA GORDA FL 33950</b>
---	---

3. Date Incorporated or Qualified <b>10/30/1995</b>
--

2. Principal Place of Business 21 <b>9148 Bonita Bch. Rd</b>	2a. Mailing Address 26 <b>9148 Bonita Bch Rd</b>
Suite, Apt. #, etc. 22 <b>#205</b>	Suite, Apt. #, etc. 27 <b>#205</b>
City & State 23 <b>Bonita Springs FL</b>	City & State 28 <b>Bonita Springs FL</b>
Zip 24 <b>34135</b>	Zip 29 <b>34135</b>
Country 25	Country 30

4. FEI Number <b>65-0620844</b>	Applied-For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DAHLIN, PATRICIA S 4810 DLETONA DRIVE PUNTA GORDA FL 33950</b>	
--	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>9148 Bonita Bch. Rd.</b>
83	<b>#205</b>
84 City	<b>Bonita Springs FL</b>
85 Zip Code	<b>34135</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PSTD MARTIN, JAMES E</b>
STREET ADDRESS	<b>4810 DEHONA DR</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V DAHLIN, PATRICIA S</b>
STREET ADDRESS	<b>4810 DEHONA DR</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<b>P.O. Box 1427</b>
1.4 CITY-ST-ZIP	<b>Boca Grande FL 33921</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>9148 Bonita Bch. Rd. #205</b>
2.4 CITY-ST-ZIP	<b>Bonita Springs FL 34135</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: Patricia S. Dahlin V.P. 3/11/99 941-949-0808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)