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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000093783 (5)

RDV YACHT SALES, INC.

| Principal | Place | of | Business |
|-----------|-------|----|----------|

17076 FLIGHT PATH DR. BROOKSVILLE FL 34609

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

17076 FLIGHT PATH DR. **BROOKSVILLE FL 34609**

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualified 12/11/1995

59-3360188

| 0.00 | и . | | | | | | | | <u> </u> | | | |
|---|----------------------|------------------------|---------------------|---|--------------------|---------------|--|--------------------------|--------------------------------|---------------|--------------|---------------|
| Suite, Apt. #, etc. 22 | | Suite, | Suite, Apt. #, etc. | | | 5. C | 5. Certificate of Status Desired See Required Fee Required | | | | | |
| City & Stat | te | | City 8 | & State | | | | 6 FI | lection Campaign Financing | | \$5.0 | O May Be |
| 23 | | | 28 | | | | | | rust Fund Contribution | | | d to Fees |
| Zìp | <u> </u> | Country | Zip | | Cou | ntry | | 8. Th | nis corporation owes or has | paid the cut | rept year | Intangible |
| 24 | 25 | | 29 | | 30 | | | Pe | ersonal Property Tax due Ju | ne 30. 🛚 🛚 | Yes Yes | ☐ No |
| 9. Name and Address of Current Registered Agent | | | | | | | | 10, N | ame and Address of New | Registered | Agent | |
| BRANNON, ANITA C | | | | | | 81 | Name | | - | | | |
| 608 W. HORATIO STREET | | | | ŀ | 82 | Street Addres | ss (P.O | Box Number is Not Accept | table) | | - | |
| TAMPA FL 33606-2228 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| | | | | | 83 | | | | | | | |
| | | | | Ļ | _ | | | | | | | |
| | | | | | i | 84 | City | | | FL | . | o Code |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| 12. | | OFFICERS AND | | | 13. | | | | DITIONS/CHANGES TO OF | | DIRECTO | ORS IN 12 |
| TITLE | PT | | | DELETE | 1.1 717 | LE. | | ,,,,,,, | DITIONO/OFFICECTO OFF | TOCHO AND | Change | |
| NAME | DELVALLE, | ROBERT | | _ | 1.2 NA | | | | | | | |
| STREET ADDRESS | 3431 SATUR | | | | | | DORESS | | | | | |
| | BROOKSVIL | | | | | | | | | | | |
| CITY - ST - ZIP | VS | LL 4 | | DELETE | 1.4 CIT 2.1 TIT | | - ZIP | | | | ☐ Change | Addition |
| NAME | DELVALLE, | ICDII VNI | | | | | 1 | | | | Change | L AGUIRON |
| · · | 3431 SATUR | | | | 2.2 NAI | | | | | | | |
| STREET ADDRESS | | | | | | | DDRESS | | | | | |
| CITY-ST-ZIP | BROOSKVIL | LE FL | | T per per | 2. 4 Cil | | - ZIP | | | | | F*1 |
| TITLE | | | | DELETE | 3.1 TiTI | - | ĺ | | | | ∐ Change | ☐ Addition |
| NAME | | | | | 3.2 NA | WE | ŀ | | | | | |
| STREET ADDRESS | | | | | 3.3 STP | REET A | DORESS | | | | | |
| CITY - ST - ZIP | | | | | 3.4. СП | Y-\$T | - ZIP | | | | | |
| TITLE | | | | ☐ DELETE | 4,1 TITL | Æ | | | | | Change | Addition |
| NAME | | | | | 4. 2 NA | ME | | | | | | |
| STREET ADDRESS | | | | | 4.3 STR | EET A | DDRESS | | | | | |
| CITY-ST-ZIP | | | | | 4.4 CIT | Y-ST- | ZIP | | | | | |
| TITLE | | | | DELETE | 5.1 TITL | E | | | | | Change | ☐ Addition |
| NAME | | | | | 5.2 NAM | Æ | | | | | | |
| STREET ADDRESS | | | | | 5.3 STR | EET A | DORESS | | | | | |
| CITY-ST-ZIP | | | | | 5.4 CIT | Y-\$T- | ZIP | | | | | |
| TITLE | | | | DELETE | 6.1 TIYL | | | | | | Change | ☐ Addition |
| NAME | | | | | 5.2 NAN | ΛE | | | | | - | |
| STREET ADDRESS | | | | | 6.3 STR | EET A | DDRESS | | | | | |
| CITY-ST-ZIP | | | | | | r-st- | ZIP | | | , | | |
| 14. I hereby c | ertity that the info | ermation supplied with | n this filing do | es not qualify for | the exer | nptio | on stated in Se | ection 1 | 19.07(3)(i), Florida Statutes. | I further cer | tify that th | e information |

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.