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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000094215

1. Corporation Name

YACHTING ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address					IBILI QIBIQ ILBU	***************************************	
1600 SE 17 ST.		1600 SE 17 ST.							
SUITE 409 SUITE 409						DO NOT WRITE IN THIS SPACE			
FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 US US						3. Date Incorporated or Qualifed			
03		00				12/12/1995		İ	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For	
21	¬ '					65-0628332	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired	\$8.75	Additional	
22		27				5. Certificate of Status Desired	Fee Re	quired	
City & Stati	e	City & State				6. Election Campaign Financing	\$5.00		
23		28				Trust Fund Contribution	Added (o Fees	
Zip	Country	Zip	· · · · ·	untry		8. This corporation owes the current year			
24	25	29	30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curr	rent Registered Agent		81	Name	10. Name and Address of New Registere	o Agent		
BRA!	SS, JAMES			"	Name				
13876 EXOTICA LANE WEST PALM BEACH FL 33414					Street Add	Iress (P.O. Box Number is Not Acceptable)			
,,,,				83					
				84	City		85 Zip (Code	
office or reagent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered	ite of Florida. Such chang igations of, Section 607.0	je was authorizi 505, Florida Sta	ed by atutes	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the applications of the purpose when reinstating).	oointment as re	gistered ————	
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PST	□ DE	LETE 1.1	TITLE		***************************************	Change	Addition	
NAME	BRASS, JAMES		1.2	NAME					
STREET ADDRESS	13876 EXOTICA LANE		1.3	STREE	TADORESS			Ì	
CITY-ST-ZIP	WEST PALM BEACH FL 334	14	1.4	CITY-S	T- ZIP				
TITLE		☐ DE	LETE 2.1	TITLE			Change	☐ Addition	
NAME			22	NAME					
STREET ADDRESS			2.3	STREE	T ADDRESS				
CITY-ST-ZIP				CITY-S	ST-ZIP	•			
TITLE		☐ DE	LETE 3.1	TITLE			☐ Change	☐ Addition	
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREE	T ADORESS				
CITY-ST-ZIP				CITY-S	ST-ZIP				
TITLE		☐ DE	LETE 4.1	TITLE			☐ Change	☐ Addition	
NAME			4.2	NAME					
STREET ADDRESS			4.3	STREE	T ADDRESS			ļ	
CITY-ST-ZIP				CITY-S	T-ZIP				
TITLE		☐ DE	LETE 51	TITLE		.*	Change	Addition	

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 suppliemental 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.

5.2 NAME

6.1 TITLE

6.2 NAME

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CMY-ST-ZIP

☐ DELETE

Jel.16.1999

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90013 007 ***150.00

☐ Addition