


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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000014892 (9)**

1. Corporation Name

YACHTMASTERS OF SARASOTA, INC.



Principal Place of Business

**290 COCOANUT AVENUE
SUITE 4
SARASOTA FL 34236**

Mailing Address

**290 COCOANUT AVENUE
SUITE 4
SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1996

4. FEI Number

65-0644201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**JUNE, CHRISTOPHER G
290 COCOANUT AVENUE
SUITE 11
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name **June, Christopher G**
82 Street Address (P.O. Box Number is Not Acceptable)
290 Cocoanut Avenue
83 **Suite 4**
84 City **Sarasota** **FL** 85 Zip Code **34236**

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 DIRECTORS

TITLE **D** ☐ DELETE
NAME **JUNE, CHRISTOPHER**
STREET ADDRESS **290 COCOANUT AVENUE, STE. 4**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ DELETE
NAME **HAINES, SHANNON**
STREET ADDRESS **779 WENTWORTH WEST**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **June, Christopher**
1.3 STREET ADDRESS **290 Cocoanut Avenue, Ste 4**
1.4 CITY-ST-ZIP **Sarasota, FL 34236**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **Haines, Shannon**
2.3 STREET ADDRESS **290 Cocoanut Avenue, Ste 4**
2.4 CITY-ST-ZIP **Sarasota, FL 34236**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Christopher G. June

2/2/98 941-366-3722

CR2E034 (10/97)