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

POCUMENT # P96000027359 (4)

	YACHTS, INC.	0027359	(4)			
Principal Place of Business Mailing Address 1200 FORT PICKENS ROAD. SUITE 2A P.O. BOX 906 PENSACOLA BEACH FL 32561-5101 PENSACOLA BEACH FL 32					I INTEREST INT THIS STATE TOTAL MENT OF THE	/
			CH FL 32562-0906			
LHOHODEN	SCHOOL CE GEOVERNO	I ENDROUGH DER	O11 7 E. 02002 0000		DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualified 03/22/1996	
2. Principal Pl	ace of Business	2a. Mailing Addre	ss		4. FEI Number	Applied For
		26			59-3373444	Not Applicable
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	City & State		A Starting Coursing Singular	Fee Required
		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Cour	itry	8. This corporation owes or has paid th	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Regist	ered Agent
	DERSON, ROBERT W	T 04	[B1 Name		
1200 FORT PICKENS ROAD, SUITE 2A PENSACOLA BEACH FL 32581-5101			Ī	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FEI	ISACOLA BEACH FL 32301-31	UI .	ŀ	B3		
			[+	B4 City		E 85 Zip Code
	o the provisions of Sections 607.05 opistered agent, or both, in the Stat in familiar with, and accept the obli	02 and 607.1508, Florid e of Florida Sucti chang gations of Section 607.0	Statutes, the ab e was authorized 505, Florida Statu	ove-named corporal by the corporal ites.	poration submits this statement for the purpition's board of directors. I hereby accept the	ose of changing its registered a sppointment as registered
SIGNATURE	Signature, typind or prior of name of registered a	gent and bin if applicable	(NOTE Flogislared	Agent signature requ		ATE
12.	OFFICERS AT	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	P DELETE ANDERSON, ROBERT W.					Change L Addition
NAME	1200 FORT PICKENS RD.,	ACI	1.2 NAJ			
STREET ADDRESS	PENSACOLA FL	· ZA		EET ADDRESS		
CITY-ST-ZIP TITLE	ST	□ DEL		r-ST-ZIP		☐ Change ☐ Addition
NAME	VAIL-ANDERSON, REBECCA		22 NA)			
STREET ADDRESS	1200 FORT PICKENS RD.,			EET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL			Y-ST-ZIP		
TITLE		DEI				☐ Change ☐ Addition
NAME			3.2 NAM	AE		
STREET ADDRESS			3.3 STR	EET ADDRESS		
CITY+SI-ZIP				Y-ST-ZIP		
TITLE		☐ D£L				☐ Change ☐ Addition
NAME			4. 2 NA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE		DEL DEL		r-ST-ZIP		☐ Change ☐ Addition
NAME		ت برد	5.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				(-S1-ZIP		
TITLE		□ DEI				☐ Change ☐ Addition
NAME			6.2 NA			
STREET ADDRESS		,	/ N	EET AODRESS		
CITY-ST-ZIP		/		r-ST-ZIP		
14. I heroby c	orlify that the information supplied	with this filing does not o	uality for the exer	tion stated in	Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the Information

Interior control that the information supplies with this hilling occasion to execute this report is structured annual report is true and accurate another 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 of provented to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or an attachment with any address.

CICAIATURE.

3/2/5/

880- 972-1306

FILED

Mar 16 1998 8:00am

Secretary of State