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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000035353

SEAWORTHY YACHT SERVICES, INC.

Principal Place	of Business	Maifing Address			
6058 EVERETT	STREET	6058 EVERETT STREET			
NAPLES FL 34112		NAPLES FL 34112			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
					04/19/1996
8 Di I DI		2a. Mailing Address			4. FEI Number Applied For
2. Principal Place of Business					65-0672350 Not Applicable
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.		\$8.75 Additional
		27			5. Certifcate of Status Desired Fee Required
City & State			City & State		6. Election Campaign Financing S5.00 May Be
— · ·		<u> </u>	28		Trust Fund Contribution Added to Fees
Zip Country		Zip	Country	,	8. This corporation owes the current year Intangible
	25	29 30	¬ -		Personal Property Tax.
24		Current Registered Agent	<u> </u>		10. Name and Address of New Registered Agent
	5. Name and Address of	Our lett Registered Agons	81	Name	
BALDWIN, DOUG					
	EVERETT STREET		82 Stree		eet Address (P.O. Box Number is Not Acceptable)
NAPLES FL 34112			83	 -	,
11/01	LO I L OTI IZ		53		
			84	City	85 Zip Code
44 Discound t	to the previous of Costions 6	507 0502 and 607 1508 Florida Statutes	the above	e-name	and corporation submits this statement for the purpose of changing its registered
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.					
_	n iaminar with, and accept the	s obligations of, dection our loods, Florid	a Clatato		
SIGNATURE	Signature, typed or printed name of regis	stered agent and title if applicable (NOTE: Re	egistered Age	nt signature	ture required when reinstating) DATE
12.		ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE		President XChange Addition
NAME	BALDWIN, DOUG		1.2 NAME		Baldwin, Doug
STREET ADDRESS	566 108TH AVE		1.3 STREE	T ADDRES	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-8	T-ZIP	Naples, Florida US34112
TITLE	TANIELOTE	☐ DELETE	2.1 TITLE		Change Addition
1		_	2.2 NAME		•
NAME			2.3 STREE	T ADDRES	Ecc
STREET ADDRESS					
CITY-ST-ZIP		□ DELETE	2. 4 CITY-1	51-ZIP	☐ Change ☐ Addition
TITLE					,
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE		ESS
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	□ Characa □ Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREE	TADDRES	ESS
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		·
STREET ADDRESS			5.3 STREE	TADORES	ESS
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		•
TOTAL			63 STREE	TADDRES	FSS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90106 034 ***158.75