## 5-15.98 B. MYLOI C 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 # P96000038510 (9)

FAR HORIZONS SAILING SCHOOL & CHARTERS, INC.

## FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1195 NORTHEAST 167TH STREET POST OFFICE BOX 601515 NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33160-1515 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/03/1996 PAR HORIZONS SAILING SCHOOL 4. FEI Number Applied For fan Horizons Sailing School 65-0664624 Not Applicable 26& CHARTERS, INC., SUITE 1-G L CHARTERS, INC., SUITE 1-G 14830 NARANJA LAKES BLVD \$8.75 Additional 14**530 nara**nja lakes blvd 5. Certificate of Status Desired PROMESTEAD, FL 33032-8337 Fee Regulred HQMESTEAD, FL 33032-8337 \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year Intangible DADE PARE 25 29 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Namo AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORÁL GABLES FL 33134 83 84 City Zip Code 85 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 appointment of the purpose of changing its registered agent. I am familiar with, and accept the appointment of the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the purpose of changing its registered agent. I am familiar with a corporation of the corporation of the purpose of changing its registered agent. I am familiar with a corporation of the corporation of the corporation of the corporation of the corporation SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE ed agent and bir it applicate 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition Addition ROBERT, WILLIAM T II 1.2 NAME 1195 NORTHEAST 167TH STREET STREET ADDRESS 1.3 STREET ADDRESS **NORTH MIAMI BEACH FL 33162** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE **BULLARD, TERRY** NAME 2.2 NAME 1195 NORTHEAST 167TH STREET STREET ADDRESS 2.3 STREET ADDRESS NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE ☐ Change ☐ Addition 6.1 TITLE NAME 6.2 NAME STREFT ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 eath; 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.

CICNATUDE: