

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

FILED
Mar 30 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000040060 (1)

1. Corporation Name

STOCKER YACHT, INC.

Principal Place of Business

2955 STATE ROAD 84
FORT LAUDERDALE FL 33312
US

Mailing Address

2955 STATE ROAD 84
FORT LAUDERDALE FL 33312
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1996

4. FEI Number

65-0668200

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 2945 SR 84 ~~2945 SR 84~~ 2945 SR 84

Suite, Apt. #, etc.

22 BAY - A7

City & State

23 FORT LAUDERDALE FL

Zip

24 33312

Country

25 USA

2a. Mailing Address

27 2945 SR 84

Suite, Apt. #, etc.

28 BAY A7

City & State

28 FORT LAUDERDALE, FL

Zip

29 33312

Country

30

9. Name and Address of Current Registered Agent

STOCKER, MICHAEL
2990 COCONUT AVE.
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

STOCKER, MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)

2606 MARATHON LN.

83

84 City

FORT LAUDERDALE FL

85 Zip Code

33312

11. Pursuant to the provisions of Sections 607.009 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 provisions 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 | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | STOCKER, MICHAEL | <input checked="" type="checkbox"/> CHANGE |
| STREET ADDRESS | 2990 COCONUT AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | LACASSE, SUSAN | |
| STREET ADDRESS | 337 MENDOZA | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | STOCKER, NANCY F | |
| STREET ADDRESS | 56 MARLIN LANE | |
| CITY-ST-ZIP | KEY LARGO FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | STOCKER, MICHAEL | |
| 1.3 STREET ADDRESS | 2606 MARATHON LN. | |
| 1.4 CITY-ST-ZIP | FORT LAUDERDALE, FL 33312 | |
| 2.1 TITLE | VICEDIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael Stocker

CR2E034 (10/97)