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

Mailing Address 8155 27TH ST E

SARASOTA FL 34243

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

FILED

May 01 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040727 (5)

HYATT YACHTS INC.

Principal Place of Business

8155 27TH ST E

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

BARASOTA FL 34243

05/06/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0667428 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GARDI, LES CPA 7061 S TAMIAMI TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231-5559 83 Zip Code 64 City 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 obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicability ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change TITLE DELETE 1.1 TITLE SZILAGYI, ATTILA 1.2 NAME NAME **5025 HONORE AVE** 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY - ST- ZIP CITY-ST-ZIP Change ___ Addition DELETE 2.1 TITLE TITLE SZILAGYI, KATALIN 2.2 NAME NAME **5025 HONDORE AVE** 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 1. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 61 TITLE TITLE 62 NAME NAME

6.3 STREET ADDRESS

64 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.