PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State
05-13-1999 90043 034 ***150.00

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1. Corporation Name

A WOMYNS TOUCH BOAT MAINTENANCE INC

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business	2a. Mailing Address
21 12555 BISCAYNE BLVD	26 12555 BISCAYNE BLVD
Suite, Apt. #, etc. 22 SUITE 778	Suite, Apt. #, etc. 27 SUITE 778
City & State 23 NORTH MIAMI, FL	City & State 28 NORTH MIAMI, FL
Zip 24 33181-2597 Country 25 USA	Zip 29 33181-2597 Country 30 USA

4. FEI Number 65-0666882 — 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 the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEBRA SINNETT 613 SW 6TH STREET HALLANDALE, FL 33009-6952 Debra Sinnett	81 Name: A WOMYNS TOUCH BOAT MAINTENANCE INC 82 Street Address (P.O. Box Number is Not Acceptable): 12555 BISCAYNE BLVD SUITE 778 83 84 City: NORTH MIAMI FL 85 Zip Code: 33181-2597

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: Debra Sinnett — DEBRA SINNETT — 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/VP/S/T NAME PATRICIA WONG STREET ADDRESS 1555 NE 121 ST. #S-401 CITY-ST-ZIP NORTH MIAMI, FL	☐ DELETE	1.1 TITLE P 1.2 NAME JEANNE MARIE WALDMAN 1.3 STREET ADDRESS 1555 NE 121 ST #S-203 1.4 CITY-ST-ZIP NORTH MIAMI, FL. 33161	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE VP 2.2 NAME DEBRA SINNETT 2.3 STREET ADDRESS 613 SW 6TH ST. 2.4 CITY-ST-ZIP HALLANDALE, FL. 33009-6952	☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE T 3.2 NAME JEANNE-MARIE WALDMAN 3.3 STREET ADDRESS 1555 NE 121 ST #S-203 3.4 CITY-ST-ZIP NORTH MIAMI FL 33161	☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE S 4.2 NAME DERA SINNETT 4.3 STREET ADDRESS 613 SW 6TH ST. 4.4 CITY-ST-ZIP HALLANDALE, FL 33009	☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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.

SIGNATURE: Jeanne-Marie Waldman — April 26 1999 — (305) 374-5418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jeanne-Marie Waldman