

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

**Amended to**  
PROFIT  
CORPORATION  
ANNUAL REPORT  
1999

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

DOCUMENT # **P9L000044433**

1. Corporation Name  
**CREATIVE YACHT WORKS Inc.**

FILED  
99 JUN 24 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**921 S.E. 20<sup>th</sup> STREET D-2** **Same**  
**Fort Lauderdale, Florida 33316**

2. Principal Place of Business	2a. Mailing Address
21 <b>Same</b>	26 <b>Same</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>5/20/1996</b>	Applied For Not Applicable
4. FEI Number <b>65-0678566</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DAVID HAYS**  
**921 S.E. 20<sup>th</sup> STREET**  
**Fort Lauderdale, Florida 33316**

10. Name and Address of New Registered Agent

81 Name <b>JEFFREY BERG</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>921 S.E. 20<sup>th</sup> STREET</b>	
83	
84 City <b>Fort Lauderdale</b>	85 Zip Code <b>FL 33316</b>

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  DATE **6/12/99**  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAVID HAYS</b>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<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	

**3000002924169-3**  
**-07/06/99--01141--010**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

**SP**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6/12/99** Daytime Phone #

CR2E034 (11/98)

**Creative Yacht Works, Inc.**

921 SE 20<sup>th</sup> St. D-2 Bays 36-38  
Ft. Lauderdale, Fl. 33316  
Phone: 954-463-3313 Fax: 954-463-8403

796000044433

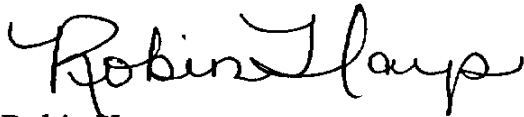
May 13, 1999

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

Dear Sir,

I would like to amend the information that was in Creative Yacht Works, Inc. Annual Report (EIN 65-0678566). Please delete David Hays as President, officer, and registered agent. Please include Jeffrey Berg as President, Director, and registered agent. If there are any forms to fill out, please send to the above address.

Thank you,



Robin Hays  
Office Manager