

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90046 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000044839

1. Corporation Name

YACHT CHARTERS INTERNATIONAL CORP.

Principal Place of Business

1633 N BAYSHORE DRIVE
MARROTT MARINA
MIAMI FL 33132
US

Mailing Address

P.O. BOX 807
NEWPORT RI 02840
US


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2454 Gulfstream Ln		26 PO Box 1085		04/24/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0661785	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Ft Lauderdale FL		28 New Canaan CT		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No	
24 33312 25 US		29 06840 30 US			

9. Name and Address of Current Registered Agent

MADDEN, PAUL M
1717 N BAYSHORE
#1944
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name	Gina Robertson
82 Street Address (P.O. Box Number is Not Acceptable)	110 Millport Ave 2454 Gulfstream Lane
83	Ft Lauderdale, FL 33312
84 City	New Canaan, CT
85 Zip Code	06840

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 responsibilities 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MADDEN, PAUL M	1.2 NAME	
STREET ADDRESS	1717 N BAYSHORE, #1944	1.3 STREET ADDRESS	110 Millport Ave
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	New Canaan CT 06840
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99

203 972-5902

Date

Daytime Phone #

CR2E034 (1/1/98)