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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000052311** 1. Corporation Name

2. Principal Place of Business

ALLIED YACHT CHARTER SERVICES, INC.

Principal Place of Business	Mailing Address	
19000 BOB-O-LINK DRIVE	19000 BOB-O-LINK DRIVE	
MIAMI FL 33015	MIAMI FL 33015:-	
	,	
,		

26

2a. Mailing Address

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90052 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 06/19/1996

4. FEI Number

65-0676277

Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired					
City & \$ta	te	City &	3. State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to			
Zip	Country	Zip		Country		8. This corporation owes the cu	rent year Int				
24	25	29	30)		Personal Property Tax. Yes TNo					
	9. Name and Address of Currer			—		10. Name and Address of New	Registered	Agent			
CARTER, PAMELA J 19000 BOB-O-LINK DRIVE				82	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33015			83	83							
				84	City			85 Zip C			
* 200 5 T 3 S							F <u>L</u>	• <u> </u>			
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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
12.	OFFICERS AN	D DIRECTORS	3	13.		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTOR	RS IN 12		
TITLE	PT		☐ DELETE	1.1 TITLE		11, 22, 31, 7		Change	Addition		
NAME	CARTER, PAMELA J			1.2 NAME		•			[
STREET ADDRESS	19000 BOB-N-KINK DRIVE			1.3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33015			1.4 CITY-ST	-ZIP						
TITLE			DELETE	2.1 TITLE				Change	Addition		
NAME	b.,.			2.2 NAME	ĺ				- 1		
STREET ADDRESS	:			2.3 STREET	ADDRESS				Ì		
CITY-ST-ZIP	The second s	2 N		2.4 CITY-S	T-ZIP				[
TITLE .	TIGHT THE COURT OF		☐ DELETE	3.1 TITLE				☐ Change	Addition		
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREET	ADDRESS						
CfTY-ST-ZIP	操程 (1) · · · · · · · · · · · · · · · · · · ·			3.4. CTTY-S	T-ZIP						
TITLE			☐ DELETE	4.1 TITLE				Change	☐ Addition		
NAME 10 10 Piloto	,			4.2 NAME	ĺ						
STREET ADDRESS				4.3 STREET	ADDRESS				1		
CITY-ST-ZIP				4.4 CITY-ST	·zip						
TITLE			☐ DELETE	5.1 TITLE				Change	☐ Addition		
NAME	entropy of the second of the s			5.2 NAME							
STREET ADDRESS	The state of the s			5.3 STREET	ADDRESS						
CITY-ST-ZIP, (1)				5.4 CITY-ST	-ZIP						
TITLE 652	Make the second		DELETE	6.1 TITLE				☐ Change	Addition		
NAME CO	Charles Transfer Commence			6.2 NAME	ĺ				(
STREET ADDRESS	en en grande de la companya de la c			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 (changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

Applied For

Not Applicable