## 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 # **P97000010223**1. Corporation Name

WESTPORT YACHT SALES, INC.

Principal Place of Business 2957 STATE ROAD 84

Mailing Address

2957 STATE ROAD 84

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90062 020 \*\*\*150.00

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FT LAUDERDAL	ALE FL 33312 FT LAUDERDALE FL 33312 US				DO NOT WRITE IN THIS SPACE	
US	03				3. Date Incorporated or Qualifed	
					01/29/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
<del></del>					65-0730966	Not Applicable
21					00-07-00900	\$8.75 Additional
				5. Certifcate of Status Desired	Fee Required	
		City & State			a Flatia Caratia Financia	
¬ ```,					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	. 28 Zip Zip					
Zip	Country				<ol> <li>This corporation owes the current Personal Property Tax.</li> </ol>	year intangible  ☑ Yes □ No
24	25 29 30 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Reg	
	9. Name and Address of Curre	ent Registered Agent	81	I Name	10. Name and Address of New Reg	istoreo Agent
ine	IAC CTEVEN I		"	Name		
JOSIAS, STEVEN L 3099 E COMMERCIAL BLVD, SUITE 200			82	82 Street Address (P.O. Box Number is Not Acceptable)		
FIL	AUDERDALE FL 33308		83	3		如為自治理學 鐵網 學 [1]
			84	City	* * * * * * * * * * * * * * * * * * *	85 Zip Code
				1		FL
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the abov	ve-named co	rporation submits this statement for the pu	pose of changing its registered
office or r	egistered agent, or both, in the Stat im familiar with, and accept the obli-	le of Florida. Such change was au	ithorized by	y the corpora	ation's board of directors. I hereby accept the	ne appointment as registered
-	in jamiliai willi, and accept the obig	gations of, Section our todos, Fion	ida Otaldio	٥.		`
SIGNATURE	Signature, typed or printed name of registered as	nent and title if applicable (NOTE:	Registered Age	ent signature requ	ired when reinstating) ,	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PDC	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
	PRESTON, RUSSELL S III		1.2 NAME		·	\
NAME	-			ET ADDRESS		
STREET ADDRESS	19677 120 AVE S			ļ		•
CITY-ST-ZIP	BOCA RATON FL 33498	☐ DELETE	1.4 CITY-	S1-ZIP		Change Addition
TITLE	VD	DELETE	2.1 TITLE			
NAME	RUST, RICHARD J		2.2 NAME		•	
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,		2.3 STREE	ET ADORESS	•	
CITY-ST-ZIP	WESTPORT WA 98595		2. 4 CITY-	ST-ZIP		
TITLE	TDS	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	RUST, RANDOLPH J		3.2 NAME			**
STREET ADDRESS	PO BOX 308		3.3 STREE	ET ADDRESS		The second started this second
CITY-ST-ZIP	WESTPORT WA 98595		3.4, CITY-	ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		1 - 2 - 4	Change : Addition
NAME	EDSON, J ORIN		4. 2 NAME	• •		
STREET ADDRESS			4.3 STRF	ET ADDRESS		
	LAKEWOOD WA 98259					}
CITY-ST-ZIP	ENICTIONS IIN SUCUS		4 4 CITY-			!
TITI F		DELETE	4.4 CITY- 5.1 TITLE	31-ZIF		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			☐ Change ☐ Addition
NAME		☐ DELETE	5.1 TITLE 5.2 NAME		; . · · ·	☐ Change ☐ Addition
NAME STREET ADDRESS	n. e	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREE	ET ADDRESS	; . · · ·	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		_	5.1 TITLE 5.2 NAME 5.3 STREI 5.4 CITY-	ET ADDRESS ST-ZIP		
NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREI 5.4 CITY- 6.1 TITLE	ET ADDRESS ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		_	5.1 TITLE 5.2 NAME 5.3 STREI 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS 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.

6.4 CITY-ST-ZIP

SIGNATURE: