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

PROFIT CORPORATION ANNUAL REPORT

,1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000022786 (2)

DOCKERS, YACHTS & SH	HIP, INC.			
Principal Place of Business	Mailing Address		1 00044007 118 50117 18037 00131 80314 60141 105370 1	
- 202 S.W. GJRD TERRACE	- 202 S.W. 63RD TERRACE	•	÷	
PLANTATION FL 98317	PLANTATION FL-22317.	<b>&gt;</b>	DO NOT WOITE IN TUI	A 804.05
			DO NOT WRITE IN THI  3. Date Incorporated or Qualified	S SPACE
·			03/07/1997	
2. Principal Place of Business	2a. Mailing Address	12-0-16	4. FEI Number	Applied For
21 570/50 731	AUE 26 3901 Su	13700	59-3454059	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		E Election Comparing Financing	
23 DAVIE 1/4	28 DAVIE	<i>[-</i> ]	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip	Country	8. This corporation owes or has paid the o	
24 35514 25 01		30 <i>6110</i>	Personal Property Tax due June 30.	Yes No
	s of Current Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
BIGGIE, CHARLES E	_	81 Name		
202 S.W. 63RD TERRACE	<b>:</b>	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
PLANTATION FL 33317	_	83		
		84 City	F	85 Zip Code
SIGNATURE		<ol> <li>the above-named corporati ithorized by the corporati ida Statutes.</li> <li>flegislated Agent signature require</li> </ol>	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered op introduction as registered
	FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE PRE	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME PLANTES Z	R/ceic	1.2 NAME	/ .	
STREET ADDRESS 3901 50	8/5512 13 DUE 1 73 3 1 4	1.3 STREET ADDRESS		
CITY-ST-ZIP DAVIE	13314	1.4 CITY-ST-ZIP		
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	L_J DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		ĺ
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3 4. CITY - ST - ZIP		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
City-St-ZiP		4.4 City - ST - ZIP		
TITLE	DELETE	51 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-S1-ZIP		5 4 City - St - ZiP		
TITLE	DELETE	61 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 CITY-ST-ZIP		

4. Thereby certify that the information supplied with this time 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 gurful prioritis 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 recorder of fusions and shall be same legal effect as if made under oath, that I am an effect or director of the corporation or the recorder of fusions and that my name appears in Block 12 or Block 13 if changed or on an example of the corporation of

CICNATURE

H/198 954 976 AL

**FILED** 

May 18 1998 8:00am

Secretary of State