


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0000705

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P97000048539</b> 1. Corporation Name <b>REJOYCE YACHT CORPORATION</b>		

FILED  
 99 AUG 30 PM 2: 02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business 2516 SPICEBUSH LN. NAPLES FL 34105	Mailing Address 2516 SPICEBUSH LN. NAPLES FL 34105
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 350 Kingstown Drive Suite, Apt. #, etc.		2a. Mailing Address 26 350 Kingstown Drive Suite, Apt. #, etc.		4. FEI Number 86-0884078		Applied For Not Applicable	
22 c/o Mr. William J. O'Meara City & State 23 Naples FL		27 c/o Mr. William J. O'Meara City & State 28 Naples, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 34102-7821 25 U.S.		29 34102-7821 30 U.S.		8. This corporation owes the current year Intangible Personal Property: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent PRICE, MARK J 850 PARK SHORE DR. NAPLES FL 34103		10. Name and Address of New Registered Agent <input checked="" type="checkbox"/> NO 81 Name Mark J. Price, Esq. intangible tax due 82 Street Address (P.O. Box Number is Not Acceptable) Roetzel & Andress, 850 Park Shore Drive 83 Third Floor 84 City Naples FL 85 Zip Code 34103	
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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 *[Signature]* DATE 8/19/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT O'MEARA, WILLIAM J <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'MEARA, WILLIAM J	1.2 NAME	
STREET ADDRESS	2516 SPICEBUSH LN.	1.3 STREET ADDRESS	350 Kingstown Drive
CITY-ST-ZIP	NAPLES FL 34105	1.4 CITY-ST-ZIP	Naples, FL 34102-7821
TITLE	S O'MEARA, JOYCE A <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'MEARA, JOYCE A	2.2 NAME	
STREET ADDRESS	2516 SPICEBUSH LANE	2.3 STREET ADDRESS	350 Kingstown Drive
CITY-ST-ZIP	NAPLES FL 34105	2.4 CITY-ST-ZIP	Naples, FL 34102-7821
TITLE	D O'MEARA, JOYCE A <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'MEARA, JOYCE A	3.2 NAME	500002974735--4
STREET ADDRESS	2516 SPICEBUSH LANE	3.3 STREET ADDRESS	-08/31/99--01052--020
CITY-ST-ZIP	NAPLES FL 34105	3.4 CITY-ST-ZIP	***550.00 ***550.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *[Signature]* J. O'Meara, President 8/13/99 (941) 435-9083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)