


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

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

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.				3. Date incorporated or Qualified 06/02/1997			
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				4. FEI Number 86-0884078			
24 34102-7821 Zip Country 25 U.S.				29 34102-7821 Zip Country 30 U.S.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
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.				82 Street Address (P.O. Box Number is Not Acceptable) Roetzel & Address, 850 Park Shore Drive				8. This corporation owes the current year Intangible Personal Property: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

83 Third Floor				84 City Naples				85 Zip Code FL 34103			
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SIGNATURE *[Signature]* DATE 8/19/99

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

CR2E034 (5/99)

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