

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90094 045 ***150.00

DOCUMENT # P97000049547

1. Corporation Name

ALLIANCE YACHT SALES & SERVICE INC.

Principal Place of Business

C/O BILLE FARRIS
P.O. BOX 915
WINTER HAVEN FL 33882

Mailing Address

C/O BILLE FARRIS
P.O. BOX 915
WINTER HAVEN FL 33882

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1997

4. FEI Number

65-0756973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2626 PGA BLVD.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 101

Suite, Apt. #, etc.

27 City & State

City & State

23 PALM BEACH GARDENS, FL

City & State

28

Zip

24 33410

Country

25 PALM BEACH

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SMITH, T.C.
2221 MONET ROAD
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2626 PGA BLVD.

83

SUITE 101

84

PALM BEACH GARDENS

FL

85 Zip Code

33410

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SMITH, T.C.
STREET ADDRESS 721 CINNAMON ROAD
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE D ☐ DELETE

NAME FARRIS, BILL
STREET ADDRESS 390 CYPRESS GARDEN BLVD.
CITY-ST-ZIP WINTER HAVEN FL 33882

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

717 ROBIN WAY
NORTH PALM BEACH, FL 33408

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

BILLE FARRIS - DIR.

3-11-99

941-299-2153

CR2E034 (11/98)