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 # P97000069380 (8)

ATLANTIC PACIFIC YACHT COMPANY

FILED May 06 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Add	dress			4 SEGUINAL UND IDITA HORNI ORNIT BRITA BOTTO BOTTO BRITA BUTTO BOTT SEGUINALIS
3326 LAKESH JACKSONVILL	IORE BLVD. NO. 3 E FL 32210		3326 LAKESHORE BLVD. NO. 3 JACKSONVILLE FL 32210			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 08/11/1997
9 Principal P	lace of Business	2a, Mailing	Address			4, FEI Number Applied For
21	add of Boomoos	26	7.001000			59-346/699 Not Applicable
Sulte, Apt.	#, etc.		pt. #, etc.			\$8.75 Additional
22		27				Certificate of Status Desired Fee Required
City & State	9	City & S	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	ip Country		Zip Count		y	8. This corporation owes or has paid the current year Intangible
24	25 29 30				Personal Property Tax due June 30. Yes No	
	g Name and Address of Co	urrent Registered Ag	ent	81	1	10. Name and Address of New Registered Agent
	OWACKI, EDMUND	_		81	Name	
	28 lakeshore blvd, no. : Cksonville fl 32210	3			Street A	Address (P.O. Box Number is Not Acceptable)
				83		
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607	7,0502 and 607,1508,	Florida Statutes, the	abov	e-named o	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the l m familiar with, and accept the c	State of Florida. Such	change was author	ized b	y the corp	poralion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature typed or printed name of register		alou b			o required when reinstating) DATE
12.		S AND DIRECTORS		3	eni signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			1 THLE		Change Addition
NAME	WATSON, CHRISTOPHER	10] 1	2 NAME	1	
STREET ADDRESS	5039 TIMUQUANA ROAD		1	3 STREE	I ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210			4 CITY-	ST-ZIP	
TITLE	D		DELETE 2	.1 TITLE		Change Addition C
NAME	GLOWACKI, EDMUND	110.0	2.2 M		- 1	
STREET ADDRESS	3326 LAKESHORE BLVD,				ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	·		4 CITY-	ST-ZIP	Change Addition
TITLE NAME		L	_	.1 TITLE .2 NAME	- (Change Addition
STREET ADDRESS			_		I ADDRESS	
CITY-ST-ZIP				.a SINEE .4. GITY-		
TITLE				1 TITLE		Change Addition
NAME			4	. 2 NAME	- }	
STREET ADDRESS			4	3 STREE	ADDRESS	
CITY-ST-ZIP				4 CITY-	ST - ZiP	
TITLE			DELETE 5	1 TITLE	Ţ	☐ Change ☐ Addition
NAME			5	2 NAME	- 1	
STREET ADDRESS			. 5	3 STREE	RESERVED A	
CITY-ST-ZIP				4 CITY-	ST-ZIP	
TITLE		L	1	1 TITLE	}	Change Addition
NAME	•			2 NAME		
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP	ertify that the information suppli	ed with this filing does		4 CITY - !		ed in Section 119.07(3)(i). Florida Statutes. I further certify that the information

Interest certain the information supplied with the information the exemption stated in section 1 19.07(3)(i), Florida Statutes. Turiner certify that the information indicated on this arrival 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.