## 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

## DOCUMENT # **P97000086359** 1. Corporation Name

INTERNATIONAL YACHTMASTER TRAINING & DELIVERIES.

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90142 020 \*\*\*155.00



INC					
Principal Place of Business Mailing Address					
712 SE 17TH ST. 712 SE 17TH ST.					
FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					111
6.50	No Company	2- Mailing Address			10/07/1997 4. FEI Number Applied For
Principal Place of Business 2a. Mailing Address					65-0786741 Not Applicable
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.			·-···	·	\$8.75 Additional
					5. Certificate of Status Desired Fee Required
22 27 - City & State - City & State					
					6r Election Campaign Financing \$5.00 May Ba Added to Fees
			Country	,	8. This corporation owes the current year Intangible
24	25	29 30	¬ ′		Personal Property Tax.
24	9. Name and Address of Current		<u>'</u>		10. Name and Address of New Registered Agent
			81	Name	The man
Stewart, Ian				1	FAY, Mack
757 SE 17TH ST. STE. 401			82	Street Add	dress (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33316			83		77 0 0.77
			84	1 '	Furt Lauderdale FL 85 Zin Code 333/6
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named corp	rporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State o im familiar with, and accept the obligati	f Florida. Such change was auth	orized by	the corporati	ition's board of directors, i nereby accept the appointment as registered
	MAIXE	RU PRESIDENT			4/21/99
SIGNATURE	Signature, typed or printed hame of registered agent		gistered Age	nt signature require	ired when reinstating) DATE
12,	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	PSTD □ DELETE 1.1 TIT			· Change Addition
NAME	FRY, MARK	1.2 NA			
STREET ADDRESS	5 712 SE 17TH ST.		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316 14 CI		1.4 CITY-S	T-ŻIP	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		•
STREET ADDRESS			2.3 STREE	T ADDRESS	
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	
TITLE .		☐ DELETE	3.1 TITLE		Change Addition
NAME	ĺ		3.2 NAME	i	
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY-ST-ZIP	-		3.4. CITY-S	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		. Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	TADORES\$	
CITY-ST-ZIP			4.4 CITY-S	T- ZIP	<u> </u>
TITLE			5.1 TITLE		Change Addition
NAME	]		5.2 NAME		·
STREET ADDRESS			5.3 STREE	TADDRESS	
CITY-ST-ZIP	J		5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		. Change Addition
ı				ı	
NAME	]		6.2 NAME	Í	

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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #