FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P97000088419 (1)

THE YACHT CONNECTION USA, INC.					
				r i sorikor dir isili jeril karil os ili eddil od	181 (818) (B.H.) B.H.O. (B.H.) (B.H.)
Principal Plac		Mailing Address		Transfer is a serie and a serie and	
1326 SOUTHEAST 17 STREET 1326 SOUTHEAST 17 STREE			REET		
SUITE 400 FORT LAUDERDALE FL 33316		SUITE 400 FORT LAUDERDALE FL 3	19916	DO NOT WRITE IN T	THIS SPACE
PORT CAUDERDALE PL 33310 PORT CAUDERDALE PL			13310	3. Date Incorporated or Qualified	
				10/14/1997	
2. Principal P	Place of Business	2a. Mailing Address		4 FEI Number	Applied For
21		26		65-0787751	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		VI SSIMIONIS SI SIGNES SISTEMATICAL SISTEMAT	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24 Zip	25	├	30	 This corporation owes or has paid the Personal Property Tax due June 30. 	e current year Intangible Yes No
[24]	9. Name and Address of Curre		1301	10. Name and Address of New Registe	
AM	MERILAWYER		81 Name	RUTH ALBAN	
	3 ALMERIA AVENUE			ress (P.O. Box Number is Not Acceptable)	
	DRAL GABLES FL 33134		5Z Street Addr	111-B S.W 23 St	
			83	Soire B	
			84 City	4 0	85 Zip Code
			O4 City5	11. LAUPEADA LE	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit				poration submits this statement for the purpo	see 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	auth Me	6 on , persion	PAIT		21-98
	Signature, typod or ponted name of registered ag		E: Registered Agent signature requir	reo when revisiantly)	A10
12.	PSTD OFFICERS AN	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	GAND DIRECTORS IN 12 Change Addition
TITLE NAME	ALBAN, RUTH	F_1 prittif	1.7 TILE 1.2 NAME		LI Change LI rounten
STREET ADDRESS	1326 SOUTHEAST 17 ST, ST	TF 400	1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 3331		1.4 CITY-ST-ZIP		
TITLE	TVIII EIVEE III III III III III III III I	☐ DELETE	2.1 TITLE		Change Addition
NAME		—	2.2 NAME		<u> </u>
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELĒTE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME		•	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Driete	5.4 CITY - ST - ZIP		Charas Addition
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		

14. Thereby 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 changes, or on an attachment with an address.

PARSIDENT

FILED

Mar 31 1998 8:00am

Secretary of State