

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 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90088 045 \*\*\*150.00

**DOCUMENT # P97000088549**

1. Corporation Name  
**YACHTS PLUS, INC.**



Principal Place of Business

Mailing Address

~~10740 NW 21 PLACE~~  
~~CORAL SPRINGS FL 33071~~

**10740 NW 21 PLACE**  
**CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/14/1997**

4. FEI Number

**65-0792237**

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

2a. Mailing Address

21 **11825 Royal Palm Blvd**

26 **7274 NW 63 way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Bldg 8 #204**

27 **B**

City & State

City & State

23 **Coral Springs FL**

28 **Parkland FL**

Zip

Country

Zip

Country

24 **33065** 25 **USA**

29 **33067** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'CNER, ROSEMARY**  
**10740 NW 21 PLACE**  
**CORAL SPRINGS FL 33071**

81 Name

**Sebastian DiNucci**

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

**11825 Royal Palm Blvd**

83

**Bldg 8 #204**

84 City

**Coral Springs**

FL

85 Zip Code

**33065**

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

*Sebastian DiNucci*

**2/17/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DINUCCI, SEBASTIAN**  
STREET ADDRESS **10740 NW 21 PLACE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **DINUCCI, DEBORAH**  
STREET ADDRESS **10740 NW 21 PLACE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE

NAME **O'CONNER, ROSEMARY**  
STREET ADDRESS **10740 NW 21 PLACE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Sebastian DiNucci*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/99**

Date

**954 415 4585**

Daytime Phone #

CR2E034 (1/98)