## 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 # P97000101795 (7)

BRADY & ASSOCIATES YACHT SALES, INC.

**FILED** Apr 16 1998 8:00am Secretary of State



| 00  | ve only - Chai                             | rge or Corre                      | c1 (       | PEAS         | 인 '   |                             |
|---|--|-----------------------------------|------------|--------------|---|-----------------------------|
| Principal Place of Business ( UMailing Address  |  |                                   |            |              | e, 11011 10610 18101 8111 1811  |                             |
| 1820 VIOTORIA AVENUE -  |  |                                   |            |              |   |                             |
| FORT MYERS FL 33901   |  |                                   |            |              | DO NOT WRITE IN THIS  | SPACE                       |
| Change addiess  |  |                                   |            |              | 3. Date Incorporated or Qualified   |                             |
|   | -  | ,                                 |            |              | 12/03/1997  |                             |
| 2. Principal Pi   | lace of Business                           | 2a. Mailing Address               |            |              | 4. FEI Number   | Applied For                 |
| 21 2030   | OW. FIRST ST                               | 28 2030 W. FI                     | rsT !      | ST.          | 65-0799889  | Not Applicable              |
| Suite, Apt.   | _ ^  | Suite, Apt. #, etc.               |            |              | 5. Certificate of Status Desired  | \$8.75 Additional           |
| 22 Sui  |  | 27 Suite E                        |            |              | g, contracto or crares power  | Fee Required                |
| City & State  | å. El                                      | City & State                      |            | EI           | 6. Election Campaign Financing  | \$5.00 May Be               |
| 23 <i></i>  | Tyers / L                                  | 28 FT. Myer                       | Count      | 1 1          | Trust Fund Contribution   | Added to Fees               |
| Zip<br>24 3390  |  | 29 3390/                          | 1          | iee          | This corporation owes or has paid the culpersonal Property Tax due June 30. | Yes No                      |
| 24 3390   | Name and Address of Current                |                                   | 30 /       |              | 10. Name and Address of New Registered                                      |                             |
| SNYDER, DONALD E  |  |                                   |            | 1 Name       |   |                             |
| 181 IBIS STREET   |  |                                   |            |              |   |                             |
| FORT MYERS BEACH FL 33931   |  |                                   |            | 2 Street Ad  | dress (P.O. Box Number is Not Acceptable)                                   |                             |
| FURI MITERS DEACH FL 33931  |  |                                   | 8          | 3            |   |                             |
|   |  |                                   |            |              |   | Ton I mi O I                |
| •   |  |                                   | 8          | 4 City       | FL  | 85 Zip Code                 |
| 44 Pursuant to the provisions of Socions 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 typod or pointed mank of registered again and title if applicable (NOTE Registered Agent signature required when reinstating) DATE  |  |                                   |            |              |   |                             |
| 12.   | OFFICERS AND                               |                                   | 13.        | •            | ADDITIONS/CHANGES TO OFFICERS AND   | D DIRECTORS IN 12           |
| TITLE   | D  | DELETE                            | 11 TOLE    | :            |   | Change Addition             |
| NAME  | BRADY, JOHN E                              |                                   | 1.2 NAM    | E            |   |                             |
| STREET ADDRESS  | 4444 446600000 0044 514 00                 |                                   |            | ET ADDRESS   |   |                             |
| CITY-ST-ZIP   | FORT MYERS FL                              |                                   | 1.4 CiTY   | -ST-ZIP      |   |                             |
| TITLE   | D  | DELETE                            | 2 1 TITLE  |              |   | ☐ Change ☐ Addition C       |
| NAME  | <b>S</b> NYDER, DONALD E                   |                                   | 22 NAM     | E            |   |                             |
| STREET ADDRESS  | 181 IBIS STREET                            |                                   | 23 STRE    | et address   |   |                             |
| CITY-ST-ZIP   | FORT MYERS BEACH FL 3393                   | 1                                 | 2 4 CiTY   | '-ST-ZIP     |   |                             |
| TITLE   |  | ☐ DELETE                          | 3 1 THTLE  |              |   | ☐ Change ☐ Addition         |
| NAME  |  |                                   | 32 NAM     | E            |   |                             |
| STREET ADDRESS  |  |                                   | 3.3 STRE   | ET ADDRESS   |   |                             |
| CITY-ST-ZIP   |  |                                   | 3.4. CITY  | -ST-ZIP      |   |                             |
| TITLE   |  | ☐ DELETE                          | 4.1 THLE   |              |   | Change Addition             |
| NAME  |  |                                   | 4 2 NAM    | lE           |   |                             |
| STREET ADDRESS  |  |                                   | 43 STRE    | ET ADDRESS   |   | , ,                         |
| CITY-ST-ZIP   |  |                                   | 4.4 City   | -ST-ZIP      |   |                             |
| TITLE   |  | ☐ DELETE                          | 5 1 TITLE  |              |   | Change Addition             |
| NAME  |  |                                   | 5.2 NAM    | £            |   | 16 16/11. L                 |
| STREET ADDRESS  |  |                                   | 5.3 STRE   | ET ADDRESS   | 7   | 1) 41 <i>10</i>             |
| CITY-ST-ZIP   |  |                                   | 5.4 City   |              |   | / '/                        |
| TITLE   |  | ☐ DELETE                          | 6 1 TITLE  |              | <b>4000024918</b><br>-04/17/98010240  | Addition Addition           |
| NAME  |  |                                   | 6.2 NAM    | E            | -U4/17/38U1U24U   | Jo                          |
| STREET ADDRESS  |  |                                   | 63 STRE    | et address   | ***150.00   |                             |
| CITY-ST-ZIP   |  |                                   | 6.4 CITY   | -ST-ZIP      |   |                             |
| 14. I hereby o  | certify that the information supplied with | i this filing does not qualify fo | r the exem | ption stated | in Section 119.07(3)(i), Florida Statutes. I further or                     | ertify that the information |

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 at appears in frame appears in indicated on this annual inflicer or director of the s Block 12 or Block 13 if of