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

PROFIT CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

FILED Jan 29, 1999 8:00am **Secretary of State**

| 1999 DIVISION OF CORPORATIONS | | | | | 01-29-1999 90005 027 *****150.00 | | | | |
|--|--|--|-----------------------|-------------------|--|--|-------------------|------------------------|--|
| DOCU | MENT # P9700 | 0101795 | | | | | | | |
| i. Corporati | DITTARIO , . | | | | | | | | |
| BRADY | & ASSOCIATES YACHT S | ALES, INC. | | | 4 (BB)((BB) (18 (B))) (BB)((BB)(1 | | | B. 6 6 | |
| , | | | | | | | | | |
| Principal Plac | ce of Business | Mailing Address | | | <u> </u> | ADDI OBIDI BURI |) 1 1111 | | |
| 2030 WEST FI | | 2030 WEST FIRST STREE | FT | | | • | | | |
| SUITE E | | SUITE E | | | | | | | |
| FORT MYERS FL 33901 | | FORT MYERS FL 33901 | FORT MYERS FL 33901 | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | | |
| | • | • | | | 12/03/1997 | a | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | 2a. Mailing Address | | 4. FEI Number | | Ap | plied For | |
| 21 | | 26 | · | | 65-0799889 | | | t Applicable | |
| Suite, Apt | . #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 A | | |
| City & State | | City & State | City & State | | 6. Election Campaign Financing | | \$5.00 | | |
| Zip Country | | 28 | Zip Country | | Trust Fund Contribution Added to Fees | | | | |
| Zio 24 | 25 | 29 | 30 | | 8. This corporation owes the cure Personal Property Tax. | rrent year Int | angible Xi Yes | □No | |
| 24 | 9. Name and Address of Curre | | 1301 | | 10. Name and Address of New | Registered | | | |
| CAIN | OFD DONALD F | CHESSES THE | 81 | Name | | | | | |
| SHALIDI | (Der, Donald e IBIS street | ALES, 1917. | 82 | Street Addre | ass (P.O. Box Number is Not Accep | table) | | | |
| FORT MYERS BEACH FL 33931 | | | | | or recens will be care | <u></u> | ** ** * ** ** *** | 244 P. A. 2195 | |
| TOTAL MILLION DESIGNATION OF THE COURT OF TH | | | 83 | | | | | | |
| | | | | City | | EI | 85 Zip (| Code | |
| office or agent, ba | to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig | | | | | | ntment as reg | registered gistered | |
| 12. | Signature, typed or printed name of registered at OFFICERS A | NOT DIRECTORS | 13. | ignature required | when reinstating) ADDITIONS/CHANGES TO Q | FFICERS AN | D DIRECTO | RS IN 12 | |
| TITLE · | D | DELETE | 1.1 TITLE | · · | Co 0799840 | | Change | Addition | |
| NAME | BRADY, JOHN E | | 1.2 NAME | } | | • . ' | | | |
| STREET ADDRESS | 1 | NRD | 1.3 STREET A | DORESS | • | | | | |
| CITY-ST-ZIP | FORT MYERS FL | | 1.4 CITY-ST-Z | IP | | <u> </u> | <u> </u> | | |
| TITLE | D CHYPER BONALD E | ☐ DELETE | 2.1 TITLE | | | | Change | Addition | |
| NAME | SNYDER, DONALD E 181 IBIS STREET | | 2.2 NAME | | 4.00 | | | | |
| STREET ADDRESS | FORT MYERS BEACH, FL 339 | alaman | 2.3 STREET A | ľ | | | | • | |
| TITLE 7.0 | TOTA WILLIAM DEADING E 000 | DELETE | 2.4 CITY-ST- | 212 | | | Change | Addition | |
| NAME STATE | A state of the state of the | in and a | 3.2 NAME | 1 | | .* | <u> </u> | <u></u> | |
| 101 | CW-695 BELLE TOR | | 3.3 STREET AL | DDRESS | in the second second | en i je kita esti. | € F1 + 1 1152 # | 15 (5 - 8:14 12%) | |
| CITY-ST-ZIP | 6 261, 153 3 Kt 245 14 1 1 1 1 1 1 1 1 1 1 | | 3.4. CITY-ST- | ZIP | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | و يا الله الله الله الله الله الله الله ا | शिक्षके हो है है है इं | Change | Addition | |
| NAME AND A | | Topped to the t | 4. 2 NAME | - | | | | 3 . | |
| STREET ADDRESS | | 45 b | 4.3 STREET A | | | | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY-ST-2 | DP | | | Change | [] Addis | |
| NAME . | | □ percie | 5.1 TITLE 5.2 NAME | | The state of the s | • | Change | Addition | |
| STREET ADDRESS | | • | 5.3 STREET AL | DDRESS | | | * | | |
| CITY-ST-ZIP | (i) | | 5.4 CITY- \$T-Z | . 1 | 15,13 | ٠. | | | |
| TITLE | Charles Control of the Transfer | DELETÉ | 6.1 TITLE | | - <u></u> | . | Change | Addition | |
| NAME | 12183 LOGREGO BALANA | ម្រាស់ រូបប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ ប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋប | 6.2 NAME | } | | | | | |
| STREET ADDRESS | MEN WARRELL | * | 6.3 STREET AC | DRESS | | | | | |

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 attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP