

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 02, 1999 8:00 am
Secretary of State

03-02-1999 90046 009 ***158.75

DOCUMENT # P98000009526

1. Corporation Name
DESTIN HARBOR YACHTS, INC.



Principal Place of Business
288-A HIGHWAY 98 EAST
DESTIN FL 32541

Mailing Address
288-A HIGHWAY 98 EAST
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

299 HIGHWAY 98 EAST
DESTIN, FL 32541

3. Date Incorporated or Qualified
01/28/1998

2. Principal Place of Business

21 299 HIGHWAY 98 E

2a. Mailing Address

26 299 HIGHWAY 98 E

4. FEI Number

593493881

Applied For

Not Applicable

Suite, Apt. #, etc.

22 ~~DE~~

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

City & State

23 DESTIN FL

City & State

28 DESTIN FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 32541

Country

25 USA

Zip

29 32541

Country

30 USA

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

HASLETT, JOHN B
428 RIDGEWOOD CIRCLE
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name JOHN B. HASLETT

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

2 COUNTRY CLUB DRIVE

83

84 City

DESTIN

FL

85 Zip Code

32541

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SECRETARY / TREASURER
NAME KIMBERLY HASLETT
STREET ADDRESS 2 COUNTRY CLUB DRIVE
CITY-ST-ZIP DESTIN FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SEC/TREAS
1.2 NAME KIMBERLY HASLETT
1.3 STREET ADDRESS 2 COUNTRY CLUB DR.
1.4 CITY-ST-ZIP DESTIN FL 32541

2.1 TITLE PRESIDENT
2.2 NAME JOHN B. HASLETT
2.3 STREET ADDRESS 2 COUNTRY CLUB DR
2.4 CITY-ST-ZIP DESTIN, FL 32541

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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: Kimberly Haslett

2/3/99 850 654 9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)