

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  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90031 044 \*\*\*150.00

0231999

DOCUMENT # P98000011974

1. Corporation Name  
SAILING RESOURCES, INC.



Principal Place of Business  
~~5334 SW 89 PLACE~~  
~~MIAMI FL 33165~~  
13840 Old Cutler Rd.  
Miami, FL. 33158

Mailing Address  
~~5334 SW 89 PLACE~~  
~~MIAMI FL 33165~~  
13840 Old Cutler Rd.  
Miami, FL. 33158

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
02/03/1998

4. FEI Number  
65-0810400

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
LOGAN, KIMBERLY  
~~5334 SW 89 PLACE~~  
~~MIAMI FL 33165~~  
13840 Old Cutler Rd.  
Miami, FL. 33158

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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 *Kimberly Logan*

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	NAME	STREET ADDRESS	CITY-ST-ZIP
D	GOCHBERG, JOHN R	<del>5334 SW 89 PLACE</del> 13840 Old Cutler Rd	<del>MIAMI FL 33165</del> Miami, FL. 33158
D	LOGAN, KIMBERLY	<del>5334 SW 89 PLACE</del> 13840 Old Cutler Rd	<del>MIAMI FL 33165</del> Miami, FL. 33158

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 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 Logan* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 (305) 469-5703

Date

Daytime Phone #

CR2E034 (11/98)