FILED Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90010 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000013749

GLOBAL	YACHT DOCUMENTATION	i, INC.									
Principal Place of Business Mailing Address							f 188fl@bt atm t				01610 1011 1601
133 NORTH FORT HARRISON AVE. CLEARWATER FL 34615-4084 133 NORTH FORT HARRISON AVE. CLEARWATER FL 34615-4084						ļ				00405	
							DO NOT WRITE IN THIS SPACE				
							 Date Incorporate 02/11/1998 	d or Qualife	d		
2. Principal Pl	ace of Business	2a. Mailing A	ddress				4. FEI Number		•	A	pplied For
21		26					59-349	2483	<u> </u>		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			t. #, etc.				5. Certificate of State	hie Desired			Additional
27						3. Cermonie or Cita	103 1253//04		Fee R	equired	
City & State	e	City & Si	City & State				6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees				
Zip				Country			8. This corporation	owes the cu	rrent vear Int	angible	
24	25 29 30						Personal Proper		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ŬYes	□No
27	9. Name and Address of Curre			<u>' </u>			10. Name and Add		Registered	Agent	
				81	Name						
KWALL, LOUIS					ļ	A 11	(2.0.5)		-4-1-1-1		
133 NORTH FORT HARRISON AVE.					Street	Addres	s (P.O. Box Number	IS NOT ACCE	ptable)		1
CLEARWATER FL 34615-4084											
					City		_		FL	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											
	Signature, typed or printed name of registered age		(NOTE: Re		nt signature r	required w	hen reinstating) ADDITIONS/CHA	NOTE TO C	DATE AN	ID DIRECT	ODS IN 12
12.		ND DIRECTORS	DELETE	13.		ī	ADDITIONS/CHA	NGES TO C	AFFICERS AN	Change	Addition
TITLE			1.1 TITLE		١.	•					
NAME			1.2 NAME		٦.	55 CARA	CT.				
STREET ADDRESS						m Harbor		34684		Ì	
TITLE			2.1 TITLE						☐ Change	Addition	
NAME			2.2 NAME		1	•				\ 	
				i	T ADDRESS						
STREET ADDRESS				İ							
CITY-ST-ZIP			2.4 CITY-ST-ZIP		 	·····			☐ Change	Addition	
TITLE				3.2 NAME						_ •	_
NAME					T +DDDCCC	1					
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP TITLE	☐ DELETE		3.4. CITY-ST-ZIP 4.1 TITLE		 				Change	☐ Addition	
NAME		•		4. 2 NAME						•	
					T ADDRESS						
STREET ADDRESS											•
CITY-ST-ZIP		1	DELETE	4.4 CITY-S 5.1 TITLE)1-2IP	1		•		☐ Change	Addition
TITLE		į		5.1 NAME							
NAME					TADORESS	1					
STATE ADDRESS									•		
CITY-ST-ZIP				5.4 CITY-5)1-ZIP	<u> </u>					

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 suppliemental annual eport 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 occupant of the occ

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

<u>ves de ouired</u> AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Addition

☐ Change