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

28

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Zip

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000016851

Cour try

9. Name and Address of Current Registered Agent

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Zip

EASTCOAST BOATWORKS, INC.

District Day of Dayles	Mailing Address				
Principal Pace of Business	ŭ				
113 N FEDERAL HWY DANIA FL 33004	113 N FEDERAL HWY Dania FL 33004	DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualifed 02/20/1998			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For			
21	26	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired Serviced Fee Required -			
City & State	City & State	6. Election Campaign Financing S5.00 May Be			

ADAMS, GERALD J 113 N FEDERAL HWY DANIA FL 33004

		Pers	oral Property Lax.		Lies_	
T		10. Nan	ne and Address of Nev	v Registered∕A	gent	
81	Name	· _				
82	Street Ad	dress (P.O. E	Number is Not Accep	ptable)		
83		_				
84	City			FL	85 Zip	C ode

This corporation owes the current year intangiale

Trust Fund Contribution

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90103 023 ***150.00

Applied For Not Applicable \$8.75 Additional Fee Required-\$5.00 May Be

Added to Fees

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.

Country

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SIGNATURE	Signature, typed or printed naine of registered agent ar	nd title if applicable (NOT E: Re	gistered Agent signature requ	red when reinstating)	DATE		i
12.	OFFICERS AND		13.		ANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	PVTS	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	STACY, RICHARD M		1.2 NAME				
STREET ADDRESS	717 SW 22ND TERR		1.3 STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		1.4 CITY-ST-ZIP				
TITLE	D	DELETE	2.1 TITLE	_		Change	☐ Addition
NAME	STACY, RICHARD M		2.2 NAME				
STREET ADDRESS	717 SW 22ND TERR		2.3 STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		2, 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				*
STREET ADDRE 3S			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4, 2 NAME				
STREET ADDRE 3S			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP		 		-
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRE 3S			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereb / certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07 (3)(i), Florida Statutes. I further certify that the information indicate d 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 a little empowered.