## 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

## Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90007 037 \*\*\*550.00

DOCUMENT #	P98000020275
1 Corporation Name	T 300000E0E1 3

PREFERRED YACHTING SERVICES, INC.

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Principal	Place	of	Business

SIGNATURE

Mailing Addrage

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DATE

. Thorpar Flago of Dadinosa	Maining Madroos				
3541 S.R. 84 FORT LAUDERDALE FL 33312 541 S.R. 84 FORT LAUDERDALE FL 33312			DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed		
			03/03/1998		
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65.0819807	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		untry			
24 25	29 30	and y	<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>	Yes No	
9. Name and Address of Curr			10. Name and Address of New Register	red Agent	
		81 Name			
Breit, Richard H		82 Street Add	tress (P.O. Box Number is Not Acceptable)		
3111 STIRLING ROAD		Sireer Auc	ress (P.O. Box Northber is Not Acceptable)		
FORT LAUDERDALE FL 33312		83			
		84 City		EL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli	te of Florida. Such change was authorize	d by the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the appropriate the statement of the purposition of the	e of changing its registered oppointment as registered	

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE NAME GALIHER, JOHN J 1.2 NAME STREET ADDRESS 3541 S.R. 84 1.3 STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition ☐ Change TITLE □ DELETE 2.1 TITLE NAME **TELLES, ARTHUR** 2.2 NAME STREET ADDRESS 3541 S.R. 84 2.3 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 2.4 CITY-ST-ZIP DELETE ☐ Change Addition | TITLE 3.1 TITLE GIACOPELLI, JOHN C NAME 3.2 NAME STREET ADDRESS 3541 S.R. 84 3.3 STREET ADDRESS FORT LAUDERDALE FL 33312 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ DELETE 4.1 TITLE NAME 4. 2 NAME GIACOPELLI, MICHAEL STREET ADDRESS 4.3 STREET ADDRESS 3541 S.R. 84 CITY-ST-ZIP FORT LAUDERDALE FL 33312 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME

6.4 CITY-ST-ZIP CITY-ST-7IP 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 of an attachment with an address, with all other like empowered.

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: X

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

DELETE

Galikes x 5-14-99

Change

Addition