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May 03, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000021524

1. Corporation Name

VALENTINO YACHT MANAGEMENT, INC.



Principal Place of Business

500 WEST CYPRESS CREEK ROAD
SUITE 400
FORT LAUDERDALE FL 33309

Mailing Address

500 WEST CYPRESS CREEK ROAD
SUITE 400
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1998

4. FEI Number

65-0819225

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

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



Yes



No

2. Principal Place of Business

3900 COUNTYLINE RD

Suite, Apt. #, etc.

7A

City & State

TEQUESTA, FL.

Zip

33469

25

2a. Mailing Address

3900 COUNTYLINE RD

Suite, Apt. #, etc.

288 SUITE 288

City & State

TEQUESTA, FL.

Zip

33469

30

9. Name and Address of Current Registered Agent

MOTT, JOSEPH G JR
500 WEST CYPRESS CREEK ROAD
SUITE 400
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

LYNN M. WEILER

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

177 NORTH HIGHWAY US ONE

83 SUITE 288

84 City

TEQUESTA

FL

85 Zip Code

33469

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 *Lynn M. Weiler*
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

PD

WEILER, HANS-PETER

500 W CYPRESS CREEK RD, STE 400

FORT LAUDERDALE FL 33309

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSD

WEILER, LYNN M

500 W CYPRESS CREEK RD, STE 400

FORT LAUDERDALE FL 33309

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

SAME

177 N. HWY. US 1 SUITE 288

TEQUESTA, FL. 33469

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SAME

177 N. HWY US 1, SUITE 288

TEQUESTA, FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP



Change



Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP



Change



Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP



Change



Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP



Change



Addition

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:

Lynn M. Weiler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99

561-246-4927

CR2E034 (1/98)