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**

DOCUMENT # P98000028841

1. Corporation Name

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90171 002 ***150.00

SOUTH	SHUHE YACHTS, INC.							
Principal Plac	e of Business	Mailing Address					B (1886 1898 1891	I DIBEL HAL IVEL
		3111 N. OCEAN DR #	ecus					
3111 N. OCEAN DR., #603 3111 N. OCEAN DR., #603 HOLLYWOOD FL 33019 HOLLYWOOD FL 33019								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 03/23/1998	í	<u>. </u>
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	А	oplied For
21	26				650828172		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	. #, etc.			5. Certificate of Status Desired		Additional ~ -
22		27				0. 00.00000		equired
City & Stat	te	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year in	tangible ☐ Yes	□No
24	25 25 On Name and Address of Curre	29	30	$\overline{}$		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curre	aur izeñisteren Wâsiir		81	Name	In Hame and Address of Hen Kegistelet	- Marit	
MAS	STRO, DARREN				1	<u> </u>		
3111 N. OCEAN DR., #603				82	Street Addr	ess (P.O. Box Number is Not Acceptable)	,	
HOL	LYWOOD FL 33019			83		<u></u>	· · · ·	
				"				
				84	City	F	85 Zip	Code
agent. I a	im familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Sta	tutes		on's board of directors. I hereby accept the appointment of the property of th		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	D	☐ DELETE	1.1 1	TTLE			Change	☐ Addition
NAME	MASTRO, DARREN		1.21	AME			Ť	
STREET ADDRESS	3111 N. OCEAN DR., #603		1.3 8	TREET	ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33019		1.4 (HTY-S	T-ZIP		·	
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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 performation of suppliemental 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 attact year with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR