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 # P98000036092 1. Corporation Name

CLEARWATER BAY YACHT BROKERAGE, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90217 009 ***150.00



Principal Place	e of Business	Mailing Address			113 50100 11110 01111 01110 10110 1110
900 NORTH OSCEOLA 900 NORTH OSCEOLA					
CLEARWATER FL 33755 CLEARWATER FL 33755				DO NOT WRITE IN THIS SPACE	
					THIS SPACE
				3. Date Incorporated or Qualifed	1
				04/20/1998	A strat See
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number 59 ~ 35.0550	Applied For
21 1247	Sedeeva Cir. S.	1	243	59-350550	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			r 7L	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Country	8. This corporation owes the current	
24 337	155 IS USA	29 3375 8 30	4517	Personal Property Tax.	☐ Yes X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regi	stered Agent
			81 Name	and last	Hack
WAT	ERS, CODY W			ress (P.O. Box Number is Not Acceptable	TOCK
501 EAST KENNEDY BOULEVARD				-17 Sedeeva C	in 5.
SUIT	E 1700		83		
TAM	PA FL 33602				
			84 City	a water	FL 85 Zip Code 33755
44 Dumuent	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes th	e above-named com	poration submits this statement for the pun	nose of changing its registered
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	hance Van	len Holk	ered Agent signature require	und unbox constating)	DATE
40	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	D OF FIGURE		.1 TITLE		[2] Change ☐ Addition
	LEVASSEUR, HOWARD J	·	2 NAME		F-2
NAME	900 NORTH OSCEOLA				1
STREET ADDRESS	l .		.3 STREET ADDRESS		. = =
CITY-ST-ZIP	CLEARWATER FL 33755		.4 CITY-ST-ZIP		Change Addition
TITLE	D		.1 TITLE		
NAME	VAN DEN HOEK, RENEE		.2 NAME		
STREET ADDRESS	900 NORTH OSCEOLA	2	.3 STREET ADDRESS		ţ
CITY-ST-ZIP	CLEARWATER FL 33755		4 CITY-ST-ZIP		
TITLE		☐ DELETE 3	.1 TITLE		☐ Change ☐ Addition
NAME		3	.2 NAME		
STREET ADDRESS		3	3 STREET ADDRESS		
CITY-ST-ZIP			.4. CITY-ST-ZIP		
TITLE		☐ DELETE 4	.1 TMLE		☐ Change ☐ Addition
NAME :		4	. 2 NAME		
STREET ADDRESS		4	.3 STREET ADDRESS		·
CITY-ST-ZIP		4	.4 CITY-ST-ZIP		}
TITLE	-		i.1 TITLE		Change Addition
NAME		Ę	2 NAME		1
		I :	3.3 STREET ADDRESS		ļ
STREET ADDRESS			6.4 CITY-ST-ZIP		Į.
CITY-ST-ZIP			3.1 TITLE		☐ Change ☐ Addition
TITLE		- Jenzie	3.2 NAME		
NAME			i		
STREET ADDRESS		■ 6	3.3 STREET ADDRESS		

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 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.

6.4 CITY-ST-ZIP

SIGNATURE: