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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT #

P98000041732

1. Corporation Name

SAILORS CHOICE CORPORATION

Principal Place of Business

Mailing Address

HOLIDAY INN MARINA

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	M.M. 100		DO NOT WRITE IN THIS SPA	DO NOT WRITE IN THIS SPACE						
	P.O. BOX 1976					3. Date incorporated or Qualifed				
	KEY LARGO, FL. 3303	37				MAY 6, 1998				
2.	Principal Place of Business	2a	. Mailing Address			4. FEI Number	\Box	Applied For		
21		26				65-0836469		Not Applicable		
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5. Certifcate of Status Desired	-	5 Additional Required		
23	City & State	28	City & State					00 May Be led to Fees		
24	Zip Country	29	Zip 30	Count	ry	This corporation owes the current year Intangil Personal Property Tax.		⊠No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Age	10. Name and Address of New Registered Agent			
CARL M.EARHART P.O. BOX 1976 233 GLENDALE DRIVE KEY LARGO, FL. 33037				8	3	Name CONNIE EARHART Street Address (P.O. Box Number is Not Acceptable) 233 GLENDALE DR. P.O. BOX 1976				
REI DARGO, LE: 55057					4 0	City KEY LARGO. FI 8	5 3	Zip Code 3037		

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 country to 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 country to 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 country to 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 country to 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 country to 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 country to registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE	Connie Earlan CONNIE EARHA Signature, typed or printed name of registered agent and title if applicable (NOTE: Re	RT//SECRI		24,	1999							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12							
true	DELETE	1.1 TITLE	PRESIDENT	Change	Addition							
NAME		12 NAME	CARL M. EARHART									
STREET ADDRESS		1,3 STREET ADDRESS	233 GLENDALE DRIVE									
CITY-ST-ZIP		1.4 CITY-ST-ZIP	_KEY_LARGO, FL, 33037									
TITLE	DELETE	2.1 TITLE	SECRETARY	☐ Change	Addition							
NAME		2.2 NAME	CONNIE EARHART	~								
STREET ADDRESS		2.3 STREET ADDRESS	233 GLENDALE DRIVE		j							
CITY-ST-ZIP		2.4 CITY-ST-ZIP										
TITLE	DELETE	3.1 TITLE	-KEY LARGO, FL. 33037	Change	e							
NAME		3.2 NAME			Ì							
STREET ADDRESS		3.3 STREET ADDRESS										
CITY-ST-ZIP		3.4. CITY-ST-ZIP										
TITLE	☐ DELETÉ	4,1 TITLE		☐ Change	Addition							
NAME	_	4. 2 NAME										
STREET ADDRESS		4.3 STREET ADDRESS			}							
CITY-ST-ZIP		4.4 CITY-ST-ZIP										
TITLE	DELETE	5 1 TITLE		Change	Addition							
NAME:		5.2 NAME			ł							
STREET ADDRESS		5.3 STREET ADDRESS										
CITY-ST-ZIP		5.4 CITY-ST-ZIP										
TITLE	☐ DELETÉ	6.1 TITLE		Change	: Addition							
NAME		6.2 NAME			i							
STREET ADDRESS		6 3 STREET ADDRESS										
OITS COT TIES		64 CITY-ST-ZIP			Ì							

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:

Corain Earlast
SIGNATURE AND TYPED OR PRINTED NAME OF

CONNIE EARHART

4/24/99 (3

May 10, 1999 8:00 am Secretary of State

05-10-1999 90240 005 ***150.00

(305) 451-0041.

CR2E034 (11/98)