

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90127 008 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

**DOCUMENT # P98000047476**

1. Corporation Name  
**SAILOR'S EXCHANGE, INC.**



Principal Place of Business	Mailing Address
99 ORANGE ST ST AUGUSTINE FL 32084	99 ORANGE ST ST AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	05/22/1998
4. FEI Number	59-3520577
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 222 W. KING ST.	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
ST. AUGUSTINE, FL.	
24 Zip	25 Country
32085	ST. JOHNS
29 Zip	30 Country

9. Name and Address of Current Registered Agent

SCOTT, ALLEN C.D. II.  
 99 ORANGE ST  
 ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name	Yvette Schindler
82 Street Address (P.O. Box Number is Not Acceptable)	177 SURFSIDE AVE.
83	
84 City	ST. AUGUSTINE FL
85 Zip Code	32095

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: Yvette Schindler Secretary 4/14/99  
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	D	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, ALLEN C.D. II.	
STREET ADDRESS	99 ORANGE ST	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T.S.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Yvette Schindler	
1.3 STREET ADDRESS	177 SURFSIDE AVE	
1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32095	
2.1 TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HOWARD SCHINDLER	
2.3 STREET ADDRESS	177 SURFSIDE AVE.	
2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32095	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: Yvette Schindler Yvette Schindler 4/14/99 904-808-0667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)