

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90221 039 ***150.00

DOCUMENT # **P98000049690**

1. Corporation Name

T.A.P. BOAT CORPORATION

Principal Place of Business

**44 WEST FLAGLER STREET
SUITE 2450 COURTHOUSE TOWER
MIAMI FL 33130-6808**

Mailing Address

**44 WEST FLAGLER STREET
SUITE 2450 COURTHOUSE TOWER
MIAMI FL 33130-6808**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1998

4. FEI Number

65-0838605

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☒

Yes ☐ No

2. Principal Place of Business

44 W Flagler Street

2a. Mailing Address

44 W Flagler Street

Suite, Apt. #, etc.

Suite 1050

Suite, Apt. #, etc.

Suite 1050

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33130

Country

USA

Zip

33130

Country

USA

9. Name and Address of Current Registered Agent

**JOHN H. PATTERSON, JR., P.A.
44 WEST FLAGLER STREET
SUITE 2450 COURTHOUSE TOWER
MIAMI FL 33130-6808**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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** ☐ DELETE
NAME **BALLARD, KATHLEEN**
STREET ADDRESS **22150 S.W. 154TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33170**

TITLE **D** ☐ DELETE
NAME **LARY, DIANE**
STREET ADDRESS **14870 S.W. 238TH STREET**
CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE **D** ☐ DELETE
NAME **PATTERSON, JAN**
STREET ADDRESS **8340 S.W. 164TH STREET 7305 S.W. 166th Street**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **7305 S.W. 166th Street**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/99 (305) 350-9000

CR2E034 (5/99)