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 # **P98000051197**1. Corporation Name

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

04-20-1999 90308 022 ***150.00

ON BOARD YACHT ADMINISTRATION & MAINTENANCE CONS ULTANTS, INC.					
Principal Place	e of Business	Mailing Address		, , , , , , , , , , , , , , , , , , , ,	,
9 SW 13TH STREET 9 SW 13TH STREET FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315			3	DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualifed 06/09/1998	
2. Principal P	face of Business	2a, Mailing Address		4. FEI Number OC 1/2 (2 2	Applied For
21				65-084263d	Not Applicable
—	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22					Fee Required
·	,			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zin			Country	This corporation owes the current year Ir	
24	25	29 30	¬ -	Personal Property Tax.	ZYes □No
	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered	Agent
			81 Name		
JOHNSON, SEAN A			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
9 SW 13TH STREET			OZ Street Addre	ess (F.O. DOX Number is Not Acceptable)	·
FOR	T LAUDERDALE FL 33315		83		
]			84 City	Fi	85 Zip Code
			the should corre		
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 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE: Re	egistered Agent signature required	when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change
NAME	MCCAUGHEY, LORETTA		1.2 NAME	أبوعلو بطرارات المسترارين	'
STREET ADDRESS	9 SW 13TH STREET		1.3 STREET ADDRESS 13	23 JE 17 1 JUIL " 500	ا
CITY-ST-ZIP	FORT LAUDERDALE FL 33315		1.4 CITY-ST-ZIP	23 SE 17th Suite # 500 pat Lauderdale, Fl. 33.	315
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME	MCCAUGHEY, JOHN F JR		2.2 NAME	17th 50it	-# 500
STREET ADDRESS	9 SW 13TH STREET		2.3 STREET ADDRESS 13	PAT LAUGERDAIE FL. 3	ر يو ايع
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	<u> </u>	2.4 CITY-ST-ZIP	PAT LAUGERGALE +1.3	3315
TITLE		☐ DELÉTE	3.1 TITLE		☐ Change ☐ Addition
NAME	* `		3.2 NAME	•	
STREET ADDRESS					
CITY-ST-ZIP	1		3 3 STREET ADDRESS		}
TITLE			3.4. CITY-ST-ZIP		Channe C Addition
, ,		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	<u> </u>	☐ Change ☐ Addition
NAME STREET ADDRESS		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME - 4.3 STREET ADDRESS		☐ Change ☐ Addition
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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 or an attachment with an address, with all other like empowered.

SIGNATURE: