PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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

04-20-1999 90084 034 ***150.00

DOCUMENT # P98000053786 1. Corporation Name

YELOON	TY MARINE, INC.									
Principal Plac	e of Business	Mailing Address				- T (###WERT (YO TELEV TOWN BRYN ORK	AT CENTE CENCE C	IR aa kalli 161	EEG FORTE OFGE FOOT	
1690 FITZPATRICK POINT 1690 FITZPATRICK POINT										
SANFORD FL 32771 SANFORD FL 32771						DO NOT WRIT	TE IN THIS	CDACE		
						3. Date Incorporated or Qualifed		OI ACL		7
						06/13/1998				{
2. Principal P	Tace of Business	2a. Mailing Addres	38			4. FEI Number			Applied For]
21		26			<u> </u>	<u> </u>		- 1	Not Applicable]
Sulte; Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	}
City & State		27 City & State				A Clastica Compaign Financian			 _	┨ -
23		28				6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	1
Zip	Country	Zip	Cor	untry		8. This corporation owes the curre	ent year inta	nglble		1
24	25	29	30	_ ~~		Personal Property Tax.		∰ Yes	No	-
	9. Name and Address of Current	Registered Agent		1001 30		10. Name and Address of New R	legistered A	\gent _		-
STE	PP, KIM			81 N	eme					ł
) FITZPATRICK POINT			82 SI	reet Addre	ass (P.O. Box Number is Not Accepta	ble)	,		1
	FORD FL 32771			83						1
										1
				84 CI	•		FL	1 1	Code	1
	to the provisions of Sections 507 0502	and 607.1508. Florida	Statutos the s	<u> </u>	-, -			hanging	ts registered	
11. Pursuant	to the provisions of about the control	E	1 3 MILLES, 1110 C	ADOME-119	med corpo	pration submits this statement for the	purpose of c	a wan gung i	to registered	
11. Pursuant office or r agent. a	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change ons of, Section 607.05	o was authorize i05, Florida Stat	d by the tules.	corporation	oration submits this statement for the in a board of directors. I hereby accept	t the appoint	tment as	registered	
office or r agent. I a								ment as	registered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registered	d Agent sign		when reinstating)	DATE		··········	100
SIGNATURE		and title if applicable.	(NOTE: Registered	d Agent sign			DATE		ORS IN 12	11/00/
SIGNATURE	Elgrature, typed or privated name of registered agent a OFFICERS AND STEPL STEPL	DIRECTORS	(NOTE: Registered	d Agent sign		when reinstating)	DATE	DIRECT	ORS IN 12	24 (44/00)
SIGNATURE 12. TITLE D.	Signature, typed or printed name of registered agent a	DIRECTORS	(NOTE: Registeres 13. ETE 1.1 TI 1.2 N	d Agent sign	ature required	when reinstating)	DATE	DIRECT	ORS IN 12	144,001
SIGNATURE 12. IITLE D. NAME	Elgrature, typed or privated name of registered agent a OFFICERS AND STEPL STEPL	and the Papplicable. DIRECTORS DEL Color Lo	(NOTE: Registered 13. ETE 1.1 TI 12 N 13 S 1.4 C	d Agent sign TITLE MAME STREET ADDITIONS STY-ST-ZP	ature required	when reinstating)	DATE	D DIRECT	ORS IN 12	Docusa (44,00)
SIGNATURE 12. ITILE D. NAME STREET ADDRESS CITY-ST-ZIP TITLE 0	Elgrature, typed or privated name of registered agent a OFFICERS AND STEPL STEPL	DIRECTORS	(NOTE: Registered 13. ETE 1.11 12.N 13.5 1.4.C ETE 2.11	ITLE IAME ITREET ADDI	ature required	when reinstating)	DATE	DIRECT	ORS IN 12	CD26034 (41/08)
SIGNATURE 12. TITLE D. NAME STREET ADDRESS CITY-ST-ZIP TITLE D. NAME	Elgrature, typed or privated name of registered agent a OFFICERS AND STEPL STEPL	and the Papplicable. DIRECTORS DEL Color Lo	(NOTE: Registered 13. 13. 12. 13. 13. 13. 13. 13. 14. 13. 14. 13. 14.	TILE MAKE TREET ADDI TITLE TREET ADDI TITLE TITLE	eture required	when reinstating)	DATE	D DIRECT	ORS IN 12	C D 2 E 0 3 4 (11,00)
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14. I hereby cartify 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 peop is true and accurate and that my signature shell have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or further empowered in security 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: _