PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90069 022 ***150.00

1999 DOCUMENT # POROGO63785

1. Corporation	n Name						
PEFR G	YNT YACHTS, INC.			ł			
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i						HA EN IN	
Principal Place	e of Business	Mailing Address		2 (20)(80) (10 (0)) (Biri aderi aderi	Pam eand anta mu cosa.	LATON BILL HADI	
1650 S.E. 17TH		1650 S.E. 17TH STREET					
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FORT LAUDERS	DALE FL 33316	FORT LAUDERDALE FL 333	16	3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE		
}				07/17/1998			
0 Delevised B	lace of Business	2a. Mailing Address		4. FEI Number	Apr	plied For	
	INCE OF BUSINESS	26		650850580	No	t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			□ ~\$8.75·A	Additional	
22	-	27	-	5. Certificate of Status Destred	Fee Re	quired	
City & Stat	6	City & State		6. Election Campaign Financing	\$5.00	- 1	-
23		28	-	Trust Fund Contribution	Added to	o Fees	
Zip '	Country	Zip	Country	8. This corporation owes the currer		□No	
24	25		30	Personal Property Tax.			
i	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Re	Distalan Want		
HELL	MS, C. WAYNE		Fo	mont In 90	<u> </u>		
	S.E. 17TH STREET		82 Street Ad	dress (P.O. Box Number is Not Acceptable	(at: 40)	310	
	E 310		105	USIC. IT FILLS	, ., .,		
	IT LAUDERDALE FL 33316	•				<u>ٿ</u>	
}			84 City	andemale	FL 85 🕸	316	
11 Purinant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named co	poration submits this statement for the pr	urpose of changing its	registered	
office of r	registered agent, or both, in the State	of Florida, Such change was au	thorized by the corporation Statutes.	poration aubmits this statement for the pition's board of directors. I hereby accept	the appointment as reg	pstered (
i adentia	III rammar week and accopt a b crosses						
							
SIGNATURE))	Registered Agent eignature requi	red when reinstating)	DATE		\a
SIGNATURE)	Eignature, typed or printed name of regularid ages OFFICERS AN	della title il applicable. (NOTE:	Registered Agent signature requi		DATE CERS AND DIRECTO	RS IN 12	14/00/
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14. Thereby 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.

SIGN	UTA	REX

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