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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000064679

1. Corporation Name
CAPE NORTH YACHTS, INC.

Principal Place of Business: 2385 PGA BLVD..STE.B PALM BEACH GARDENS FL 33316 33410
Mailing Address: 2385 PGA BLVD..STE.B PALM BEACH GARDENS FL 33316 33410



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1998
4. FEI Number: [] Applied For [x] Not Applicable
5. Certificate of Status Desired: [x] \$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 Tax: [] Yes [x] No

2. Principal Place of Business: 21 [] Suite, Apt. #, etc.: 22 [] City & State: 23 [] Zip: 24 33410 Country: 25 []
2a. Mailing Address: 26 [] Suite, Apt. #, etc.: 27 [] City & State: 28 [] Zip: 29 33410 Country: 30 []

9. Name and Address of Current Registered Agent
AMANTE, VALERIE
1574 SE CHIFFON AVE.
PORT ST. LUCIE FL 34952

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: Valerie Amante (VALERIE AMANTE) DATE: 4/22/99

12. OFFICERS AND DIRECTORS
TITLE: PRESIDENT [] DELETE
NAME: VALERIE AMANTE
STREET ADDRESS: 2385 PGA BLVD. STE B
CITY-ST-ZIP: PALM BEACH GARDENS, FL 33410

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
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, with all other like empowered.

SIGNATURE: Valerie Amante DATE: 4/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: VALERIE AMANTE Daytime Phone #

CR2E034 (11/98)