

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

**FILED**  
**Jun 09, 1999 8:00 am**  
**Secretary of State**

06-09-1999 90001 025 \*\*\*558.75

**DOCUMENT # P 980000 68798**

1. Corporation Name

INTERNATIONAL YACHT SALES BROKERAGE & CHARTER,  
INC

Principal Place of Business

Mailing Address

2260 S.E. 17TH STREET  
FT. LAUDERDALE, FL 33316

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

AUGUST 5, 1998

4. FEI Number

65 0855997

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☒

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

EVA LOUISE WARNER

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

2260 SE 17TH STREET

83

84 City

FT LAUDERDALE

FL

85 Zip Code

33316

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 EVA LOUISE WARNER  
Signature, typed or printed name of registered agent and title if applicable.

Eva Louise Warner June 2, 1999  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE DIRECTOR / PRESIDENT ☐ Change ☒ Addition  
1.2 NAME MICHAEL MOGFORD  
1.3 STREET ADDRESS 2937 VIA NAPOLI VILLA D'ESTE  
1.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE DIRECTOR / EX. VICE PRESIDENT / SECRETARY ☐ Change ☒ Addition  
2.2 NAME JACK LITTLE  
2.3 STREET ADDRESS 16 GLEN ARBOR PARK  
2.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE DIRECTOR / TREASURER ☐ Change ☒ Addition  
3.2 NAME ROSANNE YESTER  
3.3 STREET ADDRESS 6179 SHORELINE CR. NO.  
3.4 CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

Jack Little Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-99

Date

(904) 253-6553

Daytime Phone #

CR2E034 (11/98)