PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90216 016 ***150.00

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DOCUMENT # P98000095620 1. Corporation Name

CALYPSO YACHT CHARTERS, INC.

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Principal Place	e of Business	Mailing Address				I \$0014001 119 19101 10151 06411 00115 09111 08511	a i Silêt anns anna i	(0 () 0 0 5 () () ()
1207 SOUTH STREET KEY WEST FL 33040 1207 SOUTH STREET KEY WEST FL 33040						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
,						11/09/1998		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	App	plied For
21	- water you was supplied the same of the s	26	ستسر	. —	~	-65-0875185	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	5. Certificate of Status Desired	\$8.75 A	
22		27				3. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	
23		28	<u>-</u>			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Ir		<u>19</u> 1√0
24	[25]		30			Personal Property Tax.		LINO
	9. Name and Address of Currer	nt Registered Agent		B1 N	lame	10. Name and Address of New Registered	a Agent	
STO	DDARD, MARLIES		[" "	lante			
1207 SOUTH STREET			[82 Street Address (P.O. Box Number is Not Acceptable)				
KEY WEST FL 33040			-	83				
1,21			[5.5				
			Ī	B4 C	City		85 Zip C	Code
44 Durawant	to the previous of Sections 607 050	32 and 607 1509 Florida Statute	es the ab	ove-no	amed corno	oration submits this statement for the purpose of		registered
office or n	egistered agent, or both, in the State	of Florida. Such change was a	uthorized	by the	corporation	n's board of directors. I hereby accept the appo	pintment as reg	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Floa	rida Statut	es.				
SIGNATURE	Signature, typed or printed name of registered age	A STATE OF A STATE OF THE STATE	· Pagistored A	and sin	mature required	when reinstating) DATE		
	Signature, typed or printed name or registered age	ent and tide if applicable. (NOTE			mare: e redemen			
12.	OFFICERS AN	ND DIRECTORS	13.				ND DIRECTO	RS IN 12
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	E		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
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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 empoyable 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS