**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 14, 1999 8:00 am Secretary of State

05-14-1999 90001 024 \*\*\*450.00

## DOCUMENT # P98000106388

1. Corporation Name

1-800-SAIL-YES, INC.

Principal Place of Business Mailing Address								
M 46 MAIN ST Dunedin Fl 34698	2146 MAIN ST DUNEDIN FL 34698		DO NOT WRITE IN THIS SPACE					
			3. Date Incorporated or Qualifed 12/21/1998					
Principal Place of Business     21	2a. Mailing Address		4. FEI Number APPLICABLE	Applied For Not Applicable				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip Country	Zip Cou 29 30	intry	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No				
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
KUBIK, MAREK 2146 MAIN ST		81 Name 82 Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)					
DUNEDIN FL 34698		83						
,		84 City	F	L 85 Zip Code				
<ol> <li>Pursuant to the provisions of Sections 607. office or registered agent, or both, in the St agent. I am familiar with, and accept the ob</li> </ol>	ate of Florida. Such change was authorized	d by the corporatio	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its registered pointment as registered				

office or r	to the provisions of Sections 607.0502 and 607.1508, Flo egistered agent, or both, in the State of Florida. Such cha m familiar with, and accept the obligations of, Section 607	nge was author	orized by the corpo	corporation submits the oration's board of direct	is statement for the pur stors. I hereby accept th	e appointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	gistered Agent signature r	equired when reinstating)		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS	/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	PVST	DELETE	1.1 TITLE			Change	☐ Addition
NAME	KUBIK, MAREK K		1.2 NAME				l
STREET ADDRESS	2146 MAIN ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	DUNEDIN FL 34698	-	1.4 CITY-ST-ZIP				
		DELETE	2.1 TTLE			☐ Change	☐ Addition
NAME	KUBIK, MAREK K		2.2 NAME				j
	2146 MAIN ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	DUNEDIN FL 34698		2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME	سديس			
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			34. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TTLE			Change	☐ Addition
NAME			6.2 NAME				ļ
STREET ADDRESS			6.3 STREET ADDRESS				1
CITY-ST-ZIP			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.

GIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR