

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State
07-26-1999 90002 039 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S61189
1. Corporation Name
YACHT 1 CORPORATION

Principal Place of Business 616 D.C. NORTHSHORE DRIVE DEERFIELD BEACH FL 33442 US	Mailing Address % BARBARA PAGE, CPA, P.A. 2217 WILTON DR., STE B WILTON MANORS FL 33305
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2. Principal Place of Business 21 351 NE 19 place Suite, Apt. #, etc. 22 K207 City & State 23 Wilton Manors FL Zip 24 33305	2a. Mailing Address 26 351 NE 19 place Suite, Apt. #, etc. 27 K207 City & State 28 Wilton Manors FL Zip 29 33305 Country 30 USA
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DO NOT WRITE IN THIS SPACE

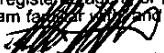
3. Date incorporated or Qualified 06/20/1991	4. FEI Number 65-0267952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
STOTLER, ROBERT JR.
616 D.C. NORTHSHORE DRIVE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name Stotler, Robert, Jr.	85 Zip Code 33305
82 Street Address (P.O. Box Number is Not Acceptable) 351 NE 19 place	
83 Suite K207	
84 City Wilton Manors	FL

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 for and will accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE:  Robert Stotler Jr. DATE: 7-10-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

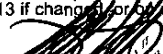
12. OFFICERS AND DIRECTORS

TITLE PD	DELETE <input type="checkbox"/>
NAME STOTLER, ROBERT, JR.	
STREET ADDRESS 616 D.C. NORTHSHORE DR	
CITY-ST-ZIP DEERFIELD BEACH FL	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
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CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME STOTLER, ROBERT, JR.	
1.3 STREET ADDRESS 351 NE 19 place #K207	
1.4 CITY-ST-ZIP Wilton Manors FL 33305	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 change is for an attachment with an address.

SIGNATURE:  Robert Stotler Jr. DATE: 7-10-99 9546485486

CR2E034 (5/99)

YACHT 1 CORPORATION



351 ne 19th place suite K207 ♦ Wilton Manors, FL 33305
Phone 954.648.5486 ♦ Fax 954.390.0187

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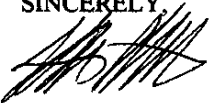
JULY 10, 1999

DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN;

I DID NOT RECEIVE THE FIRST NOTICE FOR THE ANNUAL REPORT. I REALIZE THAT THIS IS MY RESPONSIBILITY AND AM CHANGING THE REGISTERED AGENT TO MYSELF PERSONALLY TO PREVENT FUTURE DELAYS. AS PER OUR PHONE CONVERSATION ON 7/9/99 THANK YOU FOR THIS OPPORTUNITY AND PLEASE FIND ENCLOSED MY ANNUAL REPORT WITH A CHECK FOR \$150.00.

SINCERELY,



BOBBY STOTLER
PRESIDENT
YACHT 1 CORPORATION