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

DOCUMENT # **S68354**

1. Corporation Name

SOUTH FLORIDA YACHTS, INC.

Principal	Place	of	Business

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90083 037 ***150.00



Principal Place	of Business	Mailing Address					
.64_EAST-BLUE-HERON_BLVD. RIVIERA BEACH FL 33404 64_EAST-BLUE HERON_BLVD. —RIVIERA BEACH FL 33404							
				DO NOT WRITE IN THIS SPACE			
				3. Date Incorpor		3 31 AOL	
				07/22/199			\
9 Dringing Cl	ace of Business	2a. Mailing Address	0/	4. FEI Number		Apr	olied For
	SUT LUA VI	2a. Mailing Address 26 10 WACHT CV	es PL	59-308538	5	<u> </u>	Applicable
21 / O // Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A	
22	n, 500.	27		5. Certificate of S	Status Desired	Fee Rec	quired
City & State		City-8 State	-/	6. Election Cam	paign Financing	\$5.00	May Be
23 /2/)1/	CSTA-PL	28 /EQUESTA	PC	Trust Fund Co	· · · · · · · · · · · · · · · · · · ·	Added to	· 1
Zip	Codifly 2	7,07-2.6.6	COPPY R	8. This corporati	ion owes the current year I	ntangible	_
24 3346	59 Is Valm Bruce	29 75467 3	o Palm Bel				⊠N o
	9. Name and Address of Current	t Registered Agent		10. Name and A	ddress of New Registere	d Agent	
			81 Name				
	DON, STEPHEN N.	•	82 Street	Address (P.O. Box Numb	er is Not Acceptable)		
_	BLUE HERON BLVD.		40	Address (P.O. Box Numb	B TC		
RIVIE	RA-BEACH FL 39404		83 /	/			
			84 City			85 Zip C	ode,
			" //e	QUESTA	F	L 339	469
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes	, the above-named	corporation submits this	statement for the purpose of the appropriate the state of	of changing its reciping	registered iistered
office or n	egistered agent, or both, in the State t m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes.	brandin's board of director	o. Thoroby absort the spp		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE				_			
SIGNATORE	Signature, typed or printed name of registered agen		•	required when reinstating)	DATE		
12.		D DIRECTORS	13.	ADDITIONS/CI	HANGES TO OFFICERS	AND DIRECTOR Change	Addition
TITLE	D ACCOUNT ATTOUT IN IN	☐ DELETE	1.1 TITLE		-4 O	change	
NAME	GORDON, STEPHEN N.		1.2 NAME	10 NAChT (14B PC		Ì
STREET ADDRESS	64 E. BLUE HERON BEVD:		1.3 STREET ADDRESS		74B PL FL 33469		
CITY-ST-ZIP	RIMERA BEACH FL	☐ DELETE	1.4 CITY-ST-ZIP	7 BQUESTA	>>/-/	Change	Addition
TITLE		□ VELETE	2.1 TITLE			onlangs	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS		•		
CITY-ST-ZIP		□ DELETE	2.4 CITY-ST-ZIP			Change	Addition
TITLE			3.1 TITLE 3.2 NAME				
NAME							
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			☐ Change	Addition
TITLE			4.1 IIILE 4.2 NAME				
NAME	•		4.3 STREET ADDRESS				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			Change	Addition
			5.2 NAME			- •	— . j
NAME STREET ADDRESS			5.3 STREET ADDRESS				1
STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	-		Change	Addition .
ì			6.2 NAME				_
NAME			6.3 STREET ADDRESS				
STREET ADDRESS			64 CITY-ST-7IP				

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 address, with all other the empowered.

SIGNATURE: