

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90074 034 ***150.00

DOCUMENT # **S70245**

1. Corporation Name
OFFSHORE YACHT BROKERS, INC.



Principal Place of Business

**404 SOUTH RIVIERA ST
ST AUGUSTINE FL 32084
US**

Mailing Address

**404 SOUTH RIVIERA ST
ST AUGUSTINE FL 32084
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1991

2. Principal Place of Business

21 65 Lewis Blvd.

Suite, Apt. #, etc.

22

23 ST. Augustine FL

City & State

24 32084

Zip

25 USA

Country

2a. Mailing Address

26 65 Lewis Blvd.

Suite, Apt. #, etc.

27

28 ST. Augustine FL.

City & State

29 32084

Zip

30 USA

Country

4. FEI Number

59-3080329

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

9. Name and Address of Current Registered Agent

**DOUGLAS, DONALD C.
333 MICKLER RD
ST AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **DOUGLAS, DONALD C**

STREET ADDRESS **333 MICKLER RD**

CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **VP** ☐ DELETE

NAME **CRANE, DOUGLAS C JR**

STREET ADDRESS **141 SHERWOOD AVE.**

CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE **ST** ☐ DELETE

NAME **BOUDRO, SHARON R**

STREET ADDRESS **15 BARCELONA AVE**

CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-99

Date

94829-9224

Daytime Phone #

CR2E034 (1/98)