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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90185 042 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # V02314

1. Corporation Name
BARE YACHT, INC.



Principal Place of Business
**C/O EDWARD J. JAROTZ
9476 TRADEWINDS AVE
SEMINOLE FL 33776
US**

Mailing Address
**C/O EDWARD J. JAROTZ
9476 TRADEWINDS AVE
SEMINOLE FL 33776
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1992

4. FEI Number

59-3097709

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1860 NORTHVIEW Rd

2a. Mailing Address

26 1860 NORTHVIEW Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 LARGO FL

28 LARGO FL

24 Zip 25 Country

29 Zip 30 Country

33770

33770

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAROTZ, EDWARD J.
9476 TRADEWINDS AVENUE
SEMINOLE FL 33776**

81 Name

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

1860 NORTHVIEW ROAD

83

84 City **LARGO**

FL

85 Zip Code **33770**

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 **D** ☐ DELETE

NAME **COOPER, PAUL J.**
STREET ADDRESS **121 WOODLAND COURT**
CITY-STATE-ZIP **SAFETY HARBOR FL**

TITLE **DP** ☐ DELETE

NAME **JAROTZ, EDWARD J.**
STREET ADDRESS **9476 TRADEWINDS AVE.**
CITY-STATE-ZIP **SEMINOLE FL**

TITLE **DVT** ☐ DELETE

NAME **JAROTZ, CAROLYN J.**
STREET ADDRESS **9476 TRADEWINDS AVE.**
CITY-STATE-ZIP **SEMINOLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

NAME **JAROTZ, EDWARD J.**
STREET ADDRESS **1860 NORTHVIEW ROAD**
CITY-STATE-ZIP **LARGO FL 33770**

3.1 TITLE ☒ Change ☐ Addition

NAME **JAROTZ, CAROLYN J.**
STREET ADDRESS **1860 NORTHVIEW ROAD**
CITY-STATE-ZIP **LARGO FL 33770**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 indicate I 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 727 596 1609

Date

Daytime Phone #

0426425

CR2E034 (11/98)