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Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90054 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V06950**

1. Corporation Name

YACHT DESIGN ASSOCIATES, INC.

	•											
Principal Place	e of Business	Mailir	ng Address		_					I I BAR BABA BABA B		
1535 SE. 17TH		1535 SE. 17TH ST.							•	•		
SUITE 205 SUITE 205			205					DO NOT WE	OTE IN THIS	SPACE		
FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316				16				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
							ļ	01/15/1992	•		ļ	
2 Principal Pl	ace of Business	2a. N	Mailing Address					4. FEI Number		Ap	plied For	
21	ade of Basilloss	26						65-0316117		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.75 A	Additional		
22	·	27					5. Certifcate of Status Desired		Fee Re	quired		
City & State	9		City & State					6. Election Campaign Financing	9 🗆	\$5.00		
23		28						Trust Fund Contribution		Added t	o Fees	
Zip	Country	L z	lip .		untry			8. This corporation owes the cu	rrent year In			
24	25	29		30	_			Personal Property Tax.	Dogistored		□No	
	9. Name and Address of Current	t Register	red Agent		81	Name		10. Name and Address of New	Registered	Agent		
C1 AE	RK, THOMAS M.				"	Name						
	EAST COMMERCIAL BLVD.				82	Street /	Addres	ss (P.O. Box Number is Not Acceptable)				
	E 820				83				_			
	AUDERDALE FL 33308											
,,,,,	THOUSENED I E GOOD				84	City		_	FL	85 Zip (Code	
44 Duranant	to the provisions of Sections 607.050	2 and 607	1508 Florida Statu	ites the s	hove	-named	comor	ation submits this statement for th	e purpose o	f changing its	registered	
office of F	egistered agent, or both, in the State (of Florida	Such change was :	authorize	a by i	the corpo	oration	's board of directors. I hereby acc	ept the appo	intment as re	gistered	
agent. I ai	m familiar with, and accept the obligat	tions of, S	ection 607.0505, FI	lorida Stat	tutes.							
SIGNATURE			ection 607.0505, FI	lorida Stat	tutes.	•		vhen reinstating)	DATE			
SIGNATURE	m familiar with, and accept the obligated signature, typed or printed name of registered agen OFFICERS AN	nt and title if ap	policable. (NOT	lorida Stat	d Agen	•		when reinstating) ADDITIONS/CHANGES TO C		ND DIRECTO		
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if ap	policable. (NOT	OFIDA Stat	d Agen	•				ND DIRECTO ☐ Change	PRS IN 12 ☐ Addition	
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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 an other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4-27-99

954-463-0700

Daytime Phone #