SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(4)

FILED Jul 29 1998 8:00am Secretary of State

TOM CO	OLLINS YACHTS WORLDW	(IDE, INC.				
Principal Plac	ce of Business	Mailing Address				L BABUK BABUK BABUK BABUK BUBUK 1881
I '		400 S. HIBISCUS DR.	•			
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139						
					DO NOT WRITE IN TH	IS SPACE
1					3. Date Incorporated or Qualified	
					02/03/1992	<u> </u>
-	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0364966	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	4.	27]				Fee Required
City & Sta					6. Election Campaign Financing	\$5.00 May Be
23 Zin	Country	28	Count		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Count	ry	8. This corporation owes or has paid the d	
24]	9. Name and Address of Curr	29 ant Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registere.	
COL		ont Rogistered Agent	8	1 Name	10. Haille and Address of New Registers	a Maur
COLLINS, TOM 400 S. HIBISCUS DR.			Ľ			
	MI BEACH FL 33139		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	_
mics	MI DEACHTE 33 138		8	3	,,	
				"		:
			8	4 City	F	85 Zip Code
11 Dureusp	t to the provisions of sections 607.00	502 and 607 1609 Elorida Statuta	s the obou			
office or	registered agent, or both, in the Sta	ate of Florida. Such change was a	othorized b	e-named corpora	poration submits this statement for the purpose of attion's board of directors. I hereby accept the appropriate the state of the state	ointment as registered
agent. I	am familiar with, and accept the obl	igations of, section 607.0505, Flo	rida Statute	es.		-
SIGNATURE	Signature, typed or printed name of registered a	ON) Hard lifts H applicable (NO	TE: Panistorad	Agont elacatura sa	equired when reinstating) DATE	
12.		AND DIRECTORS	13.	Agont signature to	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	COLLINS, TOM		1.2 NAME	:		CI Change CI Fladwort
STREET ADDRESS	400 S. HIBISCUS DR.		1.3 STREE	ET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-	1		
TITLE		DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME	:		Circingo Circingo
STREET ADDRESS			2.3 STREE	ET ADDRESS		
CITY-ST-ZIP			2.4 CITY:			ł
TITLE			£.9 OII 15.	51-ZP I		
NAME		Прецете	3.1 TITLE			Change Addition
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	1	DELETE	3.1 TITLE 3.2 NAME			Change Addition
CITY-ST-ZIP		DELETE	3.1 TITLE 3.2 NAME	ET ADDRESS		Change Addition
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		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S	ET ADDRESS ST-ZIP		Change Addition
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TITLE NAME			3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	ET ADDRESS ST-ZIP		Change 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.