PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

"Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V18050

1. Corporation Name

MEGAYACHT HYPER VELOCITY, INC. Principal Place of Business Mailing Address 310 NW 52ND CT C/O ACCTG. & BUSINESS CONSLTS. 790 E. BROWARD BLVD., SUITE 302 FT LAUDERDALE FL 33309 DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33301 3. Date Incorporated or Qualifed 03/03/1992 Maying Address C/O Accounting & Consultants 4. FEI Number Applied For 2. Principal Place of Business Business 65-0315121 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 17 Rose Drive 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Ft. Lauderdale FL Added to Fees Trust Fund Contribution 28 23 Zip Country This corporation owes the current year Intangible Zip Country □No 33316 30 USA Personal Property Tax. 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name AUER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 82 6372 NW 55ND MANOR **CORAL SPRINGS FL 33067** 83 Zip Code 85 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 1.1 TITLE TITLE AUER, MICHAEL G. 1.2 NAME NAME 6372 NW 55TH MANOR 1.3 STREET ADDRESS STREET ADORESS **CORAL SPRINGS FL 33067** 1.4 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change T DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Change

☐ Addition

Mar 17, 1999 8:00 am

Secretary of State 03-17-1999 90092 042 ***150.00

FILED

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