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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V61290

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STARB	BOARD YA	ACHT BROKERA	AGE, INC.	()	•							
Principal Place of Business Mailing Address								- 1 18041 011018 81101 11840 11816 1811	I BUH BARA [II	DII TIDII DIAN DI	011 010 f1 100 f	
214 WOOD ST. 214 WOOD ST.												
112 112												
PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 US US								DO NOT WRITE IN THIS SPACE				
00			U,	ა					 Date Incorporated or Qualifie 09/02/1992 	a		
2. Principal Place of Business			2a.	2a. Mailing Address					4. FEI Number		I	pplied For
21 911 Taylor Rd			26						65-0353873		 	lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Certificate of Status Desired		*	Additional
City & Stat	te		27	City & State					6. Election Campaign Financing		·	Required
	Punta Gorda, FL		28	28 Punta Gorda,					Trust Fund Contribution			May Be to Fees
Zip	\ F 0	Country	J	Zip		Country			8. This corporation owes or has paid the current year Intangible			
24 339		25 and Address of Cu	29	33951	3	0			Personal Property Tax due Ju			No
			irrent Regist	erec Agent		81	l Na		10. Name and Address of New	Registere	d Agent	
	OSTLE, GRE 8 CAICOS I						iva	110				
		DA FL 33950				82	82 Street Ad		ss (P.O. Box Number is Not Accep	table)		
						83						
					84	Cit	,	FL 85 Zip Code			Code	
11. Pursuant	to the provis	ions of Sections 607	0502 and 60	7.1508, Florida	Statutes,	, the above	/e-nan	ed corpo	oration submits this statement for the on's board of directors. I hereby acc	e purpose	of changing i	its registered
I Office of i	reaistorea ac	ient or both, in the S	state of Florid	la Such channa		thorized by		nornoratio	on's board of directors. I become an	aoint tha ar	anaintmant ne	renistered
agent. I a	am familiar wi	ith, and accept the o	bligations of,	Section 607.05	was aut 05, Floric	da Statutes	y the IS.	corporatio	are board or directors. I hereby act	sebruse at	pominent as	registered
agent. I a	am familiar w	th, and accept the o	obligations of	Section 607.05	was aut 05, Floric	da Statutes	y the 18.	corporatio	are board or directors. I fieldby act	sebrine at	допшнен аз	rogistered
SIGNATURE		for printed name of registere	i nitil bra Imoga be	f applicable		Registered Age			d when reinslating)	DATE		
SIGNATURE	Signature, typed	for printed name of registere		f applicable	(NOTE F	Registered Age				DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. THLE	Signature, typed	or printed name of registere OFFICERS	i nitil bra Imoga be	f applicable	(NOTE F	13,			d when reinslating)	DATE		
SIGNATURE 12. THE NAME	D POSTLE	or printed name of registers OFFICERS	i nitil bra Imoga be	f applicable	(NOTE F	13, 1.1 TITLE 1.2 NAME	ent eign	ature required	d when reinslating)	DATE	ND DIRECTO	RS IN 12
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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.

6.4 CITY - ST - ZIP