# FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

| PROFIT CORPORATION ANNUAL REPORT **1999** | FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS |
|---|---|

**FILED**
**May 06, 1999 8:00 am**
**Secretary of State**
05-06-1999 90118 024 ***150.00

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## DOCUMENT # V61290

1. Corporation Name

**STARBOARD YACHT BROKERAGE, INC.**

Principal Place of Business

911 TAYLOR RD
PUNTA GORDA FL 33950
US

Mailing Address

P.O. BOX 512522
PUNTA GORDA FL 33950
US

DO NOT WRITE IN THIS SPACE

| | | |
|---|---|---|
| 3. Date Incorporated or Qualifed | **09/02/1992** | |
| 4. FEI Number **65-0353873** | | Applied For / Not Applicable |
| 5. Certifcate 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` | 2a. Mailing Address `26` |
| Suite, Apt. #, etc. `22` | Suite, Apt. #, etc. `27` |
| City & State `23` | City & State `28` |
| Zip `24` Country `25` | Zip `29` Country `30` |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| POSTLE, GREG 338 CAICOS DR PUNTA GORDA FL 33950 | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City   FL  85 Zip Code |

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

CR2E034 (11/98)

| 12. OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|---|
| TITLE **D** ☐ DELETE NAME **POSTLE, GREG** STREET ADDRESS **338 CAICOS DR** CITY-ST-ZIP **PUNTA GORDA FL** | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE **D** ☐ DELETE NAME **POSTLE, SUSAN** STREET ADDRESS **338 CAICOS DR** CITY-ST-ZIP **PUNTA GORDA FL** | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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.

SIGNATURE: *Greg Postle* GREG POSTLE, Pres. 4/28/99 941-637-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #