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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90102 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 856391

1. Corporation Name
S 2 YACHTS, INC.



Principal Place of Business
**725 EAST 40TH ST.
HOLLAND MI 49423**

Mailing Address
**725 EAST 40TH ST.
HOLLAND MI 49423**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1983

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

38-2040714

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing

\$5.00 May Be

City & State

City & State

Trust Fund Contribution ☐

Added to Fees

23

28

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

24

25

Country

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CEO** ☐ DELETE
NAME **SLIKKERS, LEON R.**
STREET ADDRESS **A-5228 147TH AVE.**
CITY-ST-ZIP **HOLLAND MI**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **SLIKKERS, DAVID**
STREET ADDRESS **13 CAROSEL LN.**
CITY-ST-ZIP **HOLLAND MI**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **SLIKKERS, ROBERT**
STREET ADDRESS **A-4690 52ND ST**
CITY-ST-ZIP **HOLLAND MI**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **6553 Creekwood Lane**
3.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **SLIKKERS, DOLORES**
STREET ADDRESS **A-5228 147TH ST.**
CITY-ST-ZIP **HOLLAND MI**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Robert Slikkers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99
Date

616-392-7163
Daytime Phone #

CR2E034 (11/98)