

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 316162 (7)
 1. Corporation Name
BAY MARINA INC



Principal Place of Business 854 RIVER PT DR NAPLES FL 33942	Mailing Address 854 RIVER PT DR NAPLES FL 33942
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15048 TAMARIND CAY COURT Suite, Apt. #, etc. 22 UNIT 606 City & State 23 FT. MYERS, FL Zip 24 33908		2a. Mailing Address 26 15048 TAMARIND CAY COURT Suite, Apt. #, etc. 27 UNIT 606 City & State 28 FT. MYERS, FL Zip 29 33908		3. Date Incorporated or Qualified 04/26/1967		4. FEI Number 59-1161357		Applied For <input type="checkbox"/> Not Applicable
25 LEE		30 LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent KELTNER, ELAINE D. 15048 TAMARIAD CAY COURT UNIT #606 FT. MYERS FL 33908				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 15048 TAMARIND CAY COURT UNIT #606			
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	DPTS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELTNER, ELAINE D.	1.2 NAME	
STREET ADDRESS	15048 TAMARIND CAY COURT, #606	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL 33908	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELTNER, PHILLIP	2.2 NAME	
STREET ADDRESS	1500 MISTY PINES CIRLCE, APT. 205	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELTNER JR., JACOB G	3.2 NAME	
STREET ADDRESS	14884 CRESCENT COVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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.

SIGNATURE: *Elaine D. Keltner* ELAINE D. KELTNER 1-22-98 481-6750
REQUIRES

CR2E034 (10/97)