

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04 1998 8:00am  
Secretary of State

DOCUMENT # 729992  
1. Corporation Name  
MARINA DEL MAR

Principal Place of Business Mailing Address  
% PHOENIX MANAGEMENT  
541 S ST RD 7 #12  
MARGATE FL 33068

3. Date Incorporated or Qualified 6/19/74  
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1593404		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name	PHOENIX MANAGEMENT		
82. Street Address (P.O. Box Number is Not Acceptable)			
83.	541 S ST RD 7 #12		
84. City	MARGATE FL	85. Zip Code	33068

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [Signature] DATE 4/28/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veronica Baird # 204	1.2 NAME	
STREET ADDRESS	1510 SE 15th Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FLA 33316	1.4 CITY-ST-ZIP	
TITLE	Vice President D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margot Moore # 305	2.2 NAME	
STREET ADDRESS	1510 SE 15th Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FLA 33316	2.4 CITY-ST-ZIP	
TITLE	Secretary D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carmine Gigliotti	3.2 NAME	
STREET ADDRESS	1500 SE 15th Street # 217	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FLA 33316	3.4 CITY-ST-ZIP	
TITLE	Treasurer D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Heise	4.2 NAME	
STREET ADDRESS	1500 SE 15th Street # 216	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FLA 33316	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	30514
CITY-ST-ZIP		5.4 CITY-ST-ZIP	800002510658
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	-05/05/98--01035--049 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	***61.25
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: Mar. 16, 1998 DAYTIME PHONE #: (954)977-3777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGOT MOORE

CR2E037 (9/96)