


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90055 030 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 729992					
1. Corporation Name MARINA DEL MAR, INC.					
Principal Place of Business 1500-1510 SE 15 STREET FORT LAUDERDALE FL 33316			Mailing Address % PHOENIX MGMT 541 SOUTH ST ROAD 4 #12 MARGATE FL 33068 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1593404	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PHOENIX MANAGEMENT SERVICES 541 S STATE RD #7 SUITE #12 MARGATE FL 33068				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

FL

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, 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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BAIRD, VERONICA			1.2 NAME	Blake Irons		
STREET ADDRESS	1510 SE 15 ST #204			1.3 STREET ADDRESS	1500 SE 15 ST #111		
CITY-ST-ZIP	FT LAUDERDALE FL 33316			1.4 CITY-ST-ZIP	Ft Lauderdale FL 33316		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, MARGARET			2.2 NAME	Margot Moore		
STREET ADDRESS	1510 SE 15TH #305			2.3 STREET ADDRESS	1510 SE 15th ST # 305		
CITY-ST-ZIP	FT LAUDERDALE FL 33316			2.4 CITY-ST-ZIP	Ft Lauderdale FL 33316		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GIGLIOTTI, CARMINE			3.2 NAME	Michael Guthrie		
STREET ADDRESS	1500 SE 15TH STREET #217			3.3 STREET ADDRESS	1510 SE 15th ST #108		
CITY-ST-ZIP	FT LAUDERDALE FL 33316			3.4 CITY-ST-ZIP	Ft Lauderdale FL 33316		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HEISE, MICHAEL			4.2 NAME	Dianne Rindone		
STREET ADDRESS	1500 S3 15TH ST #216			4.3 STREET ADDRESS	1510 SE 15th ST # 310		
CITY-ST-ZIP	FT LAUDERDALE FL 33316			4.4 CITY-ST-ZIP	Ft Lauderdale FL 33316		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	Dir.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME	Veronica Baird		
STREET ADDRESS				5.3 STREET ADDRESS	1510 SE 15th ST #204		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Ft Lauderdale FL 33316		
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/17/99

954-761-1289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)