

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J46216**

1. Corporation Name

THE BLUFFS MARINA, INC.

**800001835528**  
-05/22/96--01110--059  
\*\*\*200.00

Principal Place of Business

Mailing Address

1320 Tidal Pointe Blvd.  
Jupiter, FL 33477

3. Date Incorporated or Qualified

12/23/86

3a. Date of Last Report

05/01/95

2. Principal Place of Business

21 1320 Tidal Pointe Blvd.

2a. Mailing Address

26 As Above

4. FEI Number

59-2762677

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

H. James Azar  
1320 Tidal Pointe Blvd.  
Jupiter, FL 33477

81 Name

Annee E. Azar

82 Street Address (P.O. Box Number is Not Acceptable)

5022 S.E. Inkwood Way

83

84 City

Hobe Sound

FL

85 Zip Code

33455

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

*Annee E. Azar* 4-25-96

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: President  DELETE  
NAME: Harry James Azar  
STREET ADDRESS: 1320 Tidal Pointe Blvd.  
CITY-ST-ZIP: Jupiter, FL 33477

1.1 TITLE: President  Change  Addition  
1.2 NAME: Wilfred T. Azar  
1.3 STREET ADDRESS: 114 Azar Acres Lane  
1.4 CITY-ST-ZIP: Queenstown, MD 21658

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

2.1 TITLE: Vice-President  Change  Addition  
2.2 NAME: Mary Frances Azar  
2.3 STREET ADDRESS: 114 Azar Acres Lane  
2.4 CITY-ST-ZIP: Queenstown, MD 21658

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

3.1 TITLE: Secretary/Treasurer  Change  Addition  
3.2 NAME: Annee E. Azar  
3.3 STREET ADDRESS: 5022 S.E. Inkwood Way  
3.4 CITY-ST-ZIP: Hobe Sound, FL 33455

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

4.1 TITLE:  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

5.1 TITLE:  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

6.1 TITLE:  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-ST-ZIP:

5-1-96 PM

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Annee E. Azar* ANNEE E. AZAR 4/25/96 407-627-6688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)