

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

AMENDED PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
96 DEC -2 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 35938
1. Corporation Name
Stump Pass Marina, Inc.

Principal Place of Business Mailing Address

200002020332--7
-12/05/96--01003--016
*****61.25 *****61.25

2. Principal Place of Business
21 **1001 Riverside Drive**
Suite, Apt. #, etc.
22 **Suite B**
City & State
23 **Palmetto, FL**
Zip
24 **34221** Country
25 **USA**
2a. Mailing Address
26 **Same**
Suite, Apt. #, etc.
27 **Same**
City & State
28 **Same**
Zip
29 **Same** Country
30 **Same**

3. Date Incorporated or Qualified **12/08/89** 3a. Date of Last Report **4/12/96**
4. FEI Number **59-2989761** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

10. Name and Address of New Registered Agent
81 Name **America Holdings Corp.**
82 Street Address (P.O. Box Number is Not Acceptable)
1001 Riverside Drive, Suite B
83
84 City **Palmetto** FL 85 Zip Code **34221**

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 *Peter VanDerNoord, Treasurer* DATE **11.5.96**
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Director/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Harry Vandernoord
STREET ADDRESS		1.3 STREET ADDRESS	1001 Riverside Drive, Suite B
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Palmetto, FL 34221
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Thomas Santefort
STREET ADDRESS		2.3 STREET ADDRESS	1001 Riverside Drive, Suite B
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palmetto, FL 34221
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Alan Zirkelbach
STREET ADDRESS		3.3 STREET ADDRESS	1001 Riverside Drive, Suite B
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palmetto, FL 34221
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Peter Vandernoord
STREET ADDRESS		4.3 STREET ADDRESS	1001 Riverside Drive, Suite B
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palmetto, FL 34221
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
NAME		6.2 NAME	
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 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: *Peter VanDerNoord, Treasurer* DATE **11.5.96** Daytime Phone # **941-729-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)