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Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L35938

(4)

1. Corporation Name
STUMP PASS MARINA, INC.



Principal Place of Business

3060 PLACIDA RD
ENGLEWOOD FL 34224
US

Mailing Address

3060 PLACIDA RD.
ENGLEWOOD FL 34224-9003
US

3. Date Incorporated or Qualified 12/06/1989	3a. Date of Last Report 04/12/1996
4. FEI Number 59-2989761	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

DIGNAM, THOMAS
3060 PLACIDA RD
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name ALAN ZIRKELBACH
82 Street Address (P.O. Box Number is Not Acceptable) 1001 RIVERSIDE DRIVE
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 accept full, full, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: ALAN ZIRKELBACH 2/14/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, MICHAEL	
STREET ADDRESS	3960 W MARKET STREET	
CITY - ST - ZIP	AKRON OH	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DIGNAM, THOMAS	
STREET ADDRESS	1201 S MCCALL RD	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	VAN DER NOORA, HARRY	
STREET ADDRESS	1005 RIVERSIDE DRIVE	
CITY - ST - ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ALAN ZIRKELBACH		
1.3 STREET ADDRESS	1001 RIVERSIDE DRIVE		
1.4 CITY - ST - ZIP	PALMETTO FL 34221		
2.1 TITLE	V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	HARRY VAN DER NOORD		
2.3 STREET ADDRESS	1001 RIVERSIDE DRIVE		
2.4 CITY - ST - ZIP	PALMETTO FL 34221		
3.1 TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	PETER VAN DER NOORD		
3.3 STREET ADDRESS	1001 RIVERSIDE DRIVE		
3.4 CITY - ST - ZIP	PALMETTO FL 34221		
4.1 TITLE	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	THOMAS J SANTEFORT		
4.3 STREET ADDRESS	1001 RIVERSIDE DRIVE		
4.4 CITY - ST - ZIP	PALMETTO FL 34221		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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; that I am 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 as an Attachment with an address.

SIGNATURE: ALAN ZIRKELBACH 2/14/97 (941) 729-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)