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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08671** (2)

1. Corporation Name

ESTUARY OF MARCO, INC.



Principal Place of Business P.O. BOX 1915 MARCO ISLAND FL 33969	Mailing Address P.O. BOX 1915 MARCO ISLAND FL 33969
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3. Date Incorporated or Qualified

04/12/1985

4. FEI Number

59-2786912

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAFE HARBOR MANAGEMENT
ATTN : JEFFREY WILL
233 N. CALLER BLVD.
MARCO ISLAND FL 34145**

81 Name

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

83

84 City

FL

85 Zip Code

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	STD	<input type="checkbox"/> DELETE
NAME	MAIER, JACK	
STREET ADDRESS	2129 SAN MARCO RD.	
CITY-ST-ZIP	MARCO ISLAND FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	RIZZA, SAL	
STREET ADDRESS	333 OAKLAND ST.	
CITY-ST-ZIP	W. HEMPSTEAD NY	

TITLE	D	<input type="checkbox"/> DELETE
NAME	POWERS, WALTER	
STREET ADDRESS	2100 SAN MARCO RD	
CITY-ST-ZIP	MARCO ISLAND FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CIMNERO, SAM	
STREET ADDRESS	2125 SAN MARCO RD	
CITY-ST-ZIP	MARCO ISLAND FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEO FRASER	
STREET ADDRESS	2201 SAN MARCO RD	
CITY-ST-ZIP	MARCO ISLAND FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RIZZA, SAL
2.3 STREET ADDRESS	333 OAKLAND ST
2.4 CITY-ST-ZIP	W HEMPSTEAD NY

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Powers, Walter
3.3 STREET ADDRESS	2100 San Marco Rd
3.4 CITY-ST-ZIP	Marco FL

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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 by an attached list with an address.

SIGNATURE:

[Signature]

5/TAMS 4/27/91 642-3938

CR2E037 (10/97)