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95 MAY -1 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra S. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000055858 (3)**

1. Corporation Name

**MARINESPORTS OF FT. MYERS, INC.**

Principal Place of Business

Mailing Address

16115 SAN CARLOS BLVD  
FT MYERS FL 33908

16115 SAN CARLOS BLVD  
FT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0437322

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

23

27

City & State

City & State

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, WILLIAM R  
8191 COLLEGE PARKWAY  
SUITE 300  
FT MYERS FL 33919

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 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

Signature (last) of printed name of registered agent and title if applicable

(Print) Registered Agent signature required after registration

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE: PT  
NAME: ILER, MICHAEL R  
STREET ADDRESS: 16115 SAN CARLOS BLVD  
CITY, ST, ZIP: FT MYERS FL

11 TITLE:  Change  Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY, ST, ZIP:

TITLE: VS  
NAME: ILER, FRANCES K  
STREET ADDRESS: 16115 SAN CARLOS BLVD  
CITY, ST, ZIP: FT MYERS FL

21 TITLE:  Change  Addition  
22 NAME:  
23 STREET ADDRESS:  
24 CITY, ST, ZIP:

TITLE: D  
NAME: LANGE-ILER, CYNTHIA S.  
STREET ADDRESS: 1642 BRIARSON DRIVE  
CITY, ST, ZIP: SAGINAW MI

31 TITLE:  Change  Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY, ST, ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

41 TITLE:  Change  Addition  
42 NAME:  
43 STREET ADDRESS:  
44 CITY, ST, ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

51 TITLE:  Change  Addition  
52 NAME:  
53 STREET ADDRESS:  
54 CITY, ST, ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

61 TITLE:  Change  Addition  
62 NAME:  
63 STREET ADDRESS:  
64 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 110 (07600), Florida Statutes. I further certify that the information included 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 in an attachment with an address.

SIGNATURE: Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

April 24, 1995 (813) 454-5555