

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000055858 (3)

1. Corporation Name
MARINESPORTS OF FT. MYERS, INC.



Principal Place of Business: **16115 SAN CARLOS BLVD FT MYERS FL 33908**
Mailing Address: **16115 SAN CARLOS BLVD FT MYERS FL 33908**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1993	3a. Date of Last Report 05/01/1995
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc	4. FEI Number 65-0437322		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 300
FT MYERS FL 33919**

10. Name and Address of New Registered Agent
81 Name: **Michael R. Iler**
82 Street Address (P.O. Box Number is Not Acceptable): **16115 San Carlos Blvd.**
83 City: **Fort Myers, FL** 85 Zip Code: **33908**

11. Pursuant to the provisions of Sections 607.03(2) 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: Pres. DATE: **04/30/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PT	NAME: ILER, MICHAEL R STREET ADDRESS: 16115 SAN CARLOS BLVD FT MYERS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS	NAME: ILER, FRANCES K STREET ADDRESS: 16115 SAN CARLOS BLVD FT MYERS FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: LANGE-ILER, CYNITHA S. STREET ADDRESS: 1642 BRIARSON DRIVE SAGINAW MI	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Pres. DATE: **04/30/96** (941) 454-5555

CR2E034 (12/95)