

BE NOW: FILING FEE AFTER MAY 1 IS \$530.00

FILED

Aug 11 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 # 095000097577  
1. Corporation Name

ARLEN HOUSE MARINA CORP.

Principal Place of Business Florida Mailing Address  
Arlen House Marina Corp.  
c/o Mystic Pointe Realty Corp.  
3565 Mystic Pointe Drive  
Aventura, Florida 33180

2. Principal Place of Business 2b. Mailing Address  
21 ~~Florida~~ 275 Bayview Drive same as above

22 N. Miami Beach, FL 33160 27  
City & State City & State

23 24 Zip Country 25 29 Zip Country 30

Amended

3. Date Incorporated or Qualified 12/27/95 3a. Date of Last Report 1/20/97

4. FEI Number 52-1954382 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

8. Name and Address of Current Registered Agent  
Berger, James L. Esq.  
Berger & Davis P.A.E.  
100 NE Third Avenue - Suite 400

10. Name and Address of New Registered Agent  
B1 Name Michael A. Mollo  
B2 Street Address (P.O. Box Number is Not Acceptable) c/o Mystic Pointe Realty Corp.  
B3 3565 Mystic Pointe Drive  
B4 City Aventura, Florida FL B5 Zip Code 33180

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]* Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when registration) DATE

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Contains information for officers and directors.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and checkboxes for Change/Addition. Contains information for additions and changes to officers and directors.

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 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: *[Signature]* 7/18/97 (305)9321350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)