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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097577 (7)

FILED Jan 23 1998 8:00am Secretary of State

ARLEN HOUSE MARINA CORP. Principal Place of Business Mailing Address 275 BAYVIEW DRIVE C/O MYSTIC MARINA CORF N. MIAMI BEACH FL 33160 3565 MYSTIC POINTE DRIVE DO NOT WRITE IN THIS SPACE **AVENTURA FL 33180** 3. Date Incorporated or Qualified 12/27/1995 Mailing Address IC POINTE REALT 2. Principal Place of Business Applied For 21 Not Applicable 52-1954382 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MOLLOD, MICHAEL A C/O MYSTIC POINTE REALTY CORP. Street Address (P.O. Box Number is Not Acceptable) 3565 MYSTIC POINTE DRIVE 83 **AVENTURA FL 33180** 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** Stonalure, typed or printed name of registered agent and title if applicable (NO15: Registered Agent signature required when reinstating) 10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPS 🔲 DELETE 1.1 TITLE Change Addition TITLE NAME MOLLOD, MICHAEL 1.2 NAME STREET ADDRESS 3565 MYSTIC POINTE DRIVE 1.3 STREET ADDRESS AVENTURA FL 33180 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 11TLE Change Addition NAME WHITNEY, JULIE R 22 NAME 3565 MYSTIC POINTE DRIVE STREET ADDRESS 2.3 STREET ADDRESS AVENTURA FL 33180 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE Change Addition 5.1 TIBLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ■ Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 edgess.

SIGNATURE:

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