

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P97000027545 (7)**  
 1. Corporation Name  
**LEE COUNTY MARINE SERVICES, INC.**

Principal Place of Business <b>1430 ROSE GARDEN RD. CAPE CORAL FL 33914</b>	Mailing Address <b>1430 ROSE GARDEN RD. CAPE CORAL FL 33914</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/26/1997</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	26 <b>12670 New Brittany Blvd. 65-0745777</b>	27 Suite, Apt. #, etc.
25	28 <b>Fort Myers, FL</b>	29 <b>33907</b>	30 <b>USA</b>	4. FEI Number Applied For Not Applicable	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>ROYSTON, ROBERT D</b> <b>12670 NEW BRITTANY BLVD.</b> <b>FT. MYERS FL 33907</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, PATRICK	1.2 NAME	
STREET ADDRESS	1430 ROSE GARDEN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROHNHOEFER, JOSEPH	2.2 NAME	
STREET ADDRESS	1430 ROSE GARDEN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEARY, ROBERT	3.2 NAME	
STREET ADDRESS	1430 ROSE GARDEN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FATTA, JOHN	4.2 NAME	
STREET ADDRESS	1430 ROSE GARDEN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Rainer Beck, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	1430 Rose Garden Road
STREET ADDRESS		6.3 STREET ADDRESS	Cape Coral, FL 33914
CITY-ST-ZIP		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)(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: *R. O'Brien* 4-2-98 941-945-4820

CR2E034 (10/97)