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Feb 19 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 # V21204 (5)

1. Corporation Name
THE HIDEAWAY MARINA, INC.



Principal Place of Business
598 S FEDERAL HWY
POMPANO BEACH FL 33062

Mailing Address
Chasewood Plaza - Suite 30
6390 Indiantown Road
Jupiter, FL 33458

3. Date Incorporated or Qualified 03/16/1992
3a. Date of Last Report 01/29/1996
4. FEI Number 65-0326847
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

9. Name and Address of Current Registered Agent
GAUDREAN, PIERRE
1980 SE 5TH CT.
SUITE 415
POMPANO BCH. FL 33062

10. Name and Address of New Registered Agent
61 Name ADAM S. GUMSON, ESQ.
62 Street Address (P.O. Box Number is Not Acceptable) 6390 Indiantown Road, Suite 30
63 Jupiter, FL 33458
64 City FL 65 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.

ASG SIGNATURE [Signature] DATE [] (NOTE: Registered Agent signature required when reinstating)

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains entries for GAUDREAU, ANDRE and GAUDREAU, PIERRE.

Table with 2 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Contains empty rows for additional officers/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] DATE: 1/28/97 DAYTIME PHONE #: (954) 943-3200

CR2E034 (9/96)