

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 475526 (0)

1. Corporation Name

FISHER MARINA, INC.

Principal Place of Business

**350 ROYAL POINCIANA PLAZA
SUITE 2C
PALM BCH FL 33480-4020**

Mailing Address

**350 ROYAL POINCIANA PLAZA
SUITE 2C
PALM BCH FL 33480-4020**



3. Date Incorporated or Qualified

05/05/1975

3a. Date of Last Report

03/16/1995

4. FEI Number

59-1589417

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**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HAFERKAMP, CLAY
350 ROYAL POINCIANA PLAZA
SUITE 2C
PALM BCH FL 33480-1020**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
FISHER, JOYCE
700 N LAKE WAY
PALM BEACH FL**

TITLE ☐ DELETE

**VD
FISHER, ROBERT C, JR
700 N LAKE WASY
PALM BEACH FL**

TITLE ☐ DELETE

**PST
HAFERKAMP, CLAYTON M.
13476 WM MYERS CT
PALM BEACH GRDNS FL**

TITLE ☐ DELETE

**CD
FISHER, ROBERT C
700 N LAKE WAY
PALM BEACH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 recorder 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:

Clayton M. Haferkamp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96 (47) 655-6900
Date Daytime Phone

CR2E034 (12/95)