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FILED

Jun 03 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 # 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/05/1975

3a. Date of Last Report

04/15/1996

4. FEI Number

59-1589417

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D  
NAME  
FISHER, JOYCE  
STREET ADDRESS  
700 N LAKE WAY  
CITY-ST-ZIP  
PALM BEACH FL

DELETE

TITLE

VD  
NAME  
FISHER, ROBERT C, JR  
STREET ADDRESS  
700 N LAKE WAY  
CITY-ST-ZIP  
PALM BEACH FL

DELETE

TITLE

PST  
NAME  
HAFERKAMP, CLAYTON M.  
STREET ADDRESS  
13476 WM MYERS CT  
CITY-ST-ZIP  
PALM BEACH GRNS FL

DELETE

TITLE

CD  
NAME  
FISHER, ROBERT C  
STREET ADDRESS  
700 N LAKE WAY  
CITY-ST-ZIP  
PALM BEACH FL

XX DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CD

XX Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

115 S. BELLEVUE DRIVE  
NASHVILLE, TN 37203

XX Change

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

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.

CR2E034 (9/96)