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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 475526

(0)

FISHER MARINA, INC.

Mailing Address

Principal Place of Business 350 ROYAL POINCIANA PLAZA SUITE 2C

350 ROYAL POINCIANA PLAZA SUITE 2C FILED
Jan 28 1998 8:00am
Secretary of State

PALM BCH FL 33480-4020 PALM BCH FL 3348		PALM BCH FL 33480-4020	DO NOT WRITE IN THIS SPACE		IIS SPACE
]				3. Date Incorporated or Qualified	
ļ				05/05/1975	
		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1589417	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		27			Fee Required
= 1		City & State		6. Election Campaign Financing	\$5.00 May Be
Zîp	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	— · ·	30	 This corporation owes or has paid the Personal Property Tax due June 30. 	Current year Intangible ☐ Yes ☐ No
24	g. Name and Address of Curren		301	10. Name and Address of New Register	
81					
HAFERKAMP, CLAY					
350 ROYAL POINCIANA PLAZA			82 Street	Address (P.O. Box Number is Not Acceptable)	
SUITE 2C			83		
PALM BCH FL 33480-1020					
			84 City	F	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.					
1					
SIGNATURE Signature, hyped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required				required when reinstating) DAT	E
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	CD	□ DELETE	1.1 TITLE		Change
NAME	FISHER, JOYCE		1.2 NAME);
STREET ADDRESS	700 N LAKE WAY		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY - ST - ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME	FISHER, ROBERT C, JR		2.2 NAME		
STREET ADDRESS	115 S BELLEVUE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		2. 4 CITY - ST - ZIP		
TITLE	PST	☐ DELETE	3.1 TITLE		Change Addition
NAME	HAFERKAMP, CLAYTON M.		3.2 NAME		
STREET ADDRESS	13476 WM MYERS CT		3.3 STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GRONS FL		3,4. CITY - ST - ZIP		<u> </u>
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	r		4. 2 NAME		İ

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.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Centre RECEPTION

DELETE

DELETE

15/98 (561) 655-6900

Change

Change

☐ Addition

___ Addition