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3. Date Incorporated or Qualifed

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Mailing Address

212 SOUTH CENTRAL

ST LOUIS MO 63105

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 475709

1. Corporation Name

Principal P ace of Business 8120 S SUNCOAST BLVD

HOMOSASSA FL 34446

BURNT STORE MARINA, INC.

of Business t Marion Avenue tc.	2a. Mailing Address 26 Suite, Apt. #, etc.				4. FE	Nι mb				pr lied For
			ce of Business 2a. Mailing Address							
tc.	Suite Apt. #. etc.	26				<u>-1633</u>	<u> </u>			lot Applicable
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Ranie and Address of Current	(egistered Agent		81	Name						
, James e III					<u> </u>					
1625 W MARION AVE				Street Acdress (P.O. Box Number is Not Acceptable)						
			83							
GORDA FL 33950									Edit -	
		İ	84	City				FI	85 Zip	Code
ne provisions of St ctions 607.0502	and 607.1508. Florida Statu	tes, the a	bove	-named ccrp	oration su	bmits t	his statement for	the purpose	f changing it	s registered
tered agent or hold in the State of	Florida, Such change was a	HUIDORIZEC	I DV I	the corporation	on's board	of cire	ctors. I hereby a	ccept the appo	ointment as r	egistered
amiliar with, and accept the obligation	ns or, section our.osos, r i	inua Stati	J163.							
ature, typed or printed name of registered agent	nd title if applicable. (NOT	: Registered	Agent	signature require	d when reinst	ating)		DATE		
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OFFICERS AND DIRECTORS DC DC DVE, ANDREW S., JR. 12 SOUTH CENTRAL SUITE 100 T LOUIS MO DELETE CHIFFER, LAURENCE 12 SOUTH CENTRAL SUITE 100 T LOUIS MO DELETE CHIFFER, LAURENCE 12 SOUTH CENTRAL SUITE 100 DELETE T LEMENT, GLORIA D. 12 SOUTH CENTRAL SUITE 100 T LOUIS MO T LOUIS MO DELETE DELETE T LEMENT, GLORIA D. 12 SOUTH CENTRAL SUITE 100 T DELETE DELETE T LOUIS MO DELETE DELETE T LOUIS MO DELETE OVARIK, ANNETTE 22 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP OVARIK, ANNETTE 12 SOUTH CENTRAL SUITE 100 DELETE DELETE OVARIK, ANNETTE 12 SOUTH CENTRAL SUITE 100 DELETE OVARIK, ANNETTE 13 STREET ADDRESS 44 CITY-ST-ZIP DELETE 61 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP GUIT-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADDRESS 54 CITY-ST-ZIP GUITHAL SUITE 100 CONTROL STREET ADDRESS 54 CITY-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP DELETE TO DELETE TO DELETE CONTROL TO DELETE CONTROL TO DELETE CONTROL TO DELETE CONTROL 3. 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Box Number is Not Acceptable)	

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 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

of Glora D. Clement
RINTED NAME OF SIGNING OFFICER OR DIRECTOR
ASSUMBLE ASSUMBLE OF SECRETARY