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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(6)

DOCUM 1. Corporation N	ENT # 586376	6 (6)				
MARINA	PLACIDA DEVELOPMENT	CORPORATION				
Principal Place of	f Business	Mailing Address	Mailing Address			già dili giali giali didii albis alam debu labi
%H.L. WILEY 1100 MAIN. SUITE 2700 KANSAS CITY MO 64105		%H.L. WILEY 1100 Main. Suite 2700 Kansas City Mo 64105		Date Incorporated or Qualified	3a. Date of Last Report	
					09/13/1978	02/20/1995
Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1999530	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		Oty & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zφ	Country	Ziρ	Count	ry		or intangible tax under s. 199.032, es. No
24	25 25 Name and Address of Curren	29 t Registered Agent	30]		10. Name and Address of New	
	3, 144110		8	Mame Name		
HAYES, GEORGE L 696 FIRST AVE. NORTH, SUITE 303			ε	32 Street Addr	ress (P.O. Box Number is Not Accept	able) ·
				33		
ST. PETERSBURG FL 33701						
			84 City			FL 85 Zip Code
familiar with SIGNATURE _ s	i, and accept the obligations of Sect	and the day plants of the day of	:Ra.	spent Sign Port, to pare	awher recisions ADDITIONS/CHANGES TO O	DATE FEICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS PD DELETE		1 1 11	TF [ADDITIONS OF A COLOR	Change Addition
TITLE NAME	GIST, MARY W		1.2 NAM	4E		
STREET ADDRESS			1.3 \$1E	EE! ACORESS		
CITY-ST-ZIP	INDEPENDENCE MO 64055	F-1 500 520		Y - S1 - ZIP		Change Addition
TITLE	S WASSERSTROM, MARK	DELETE	2 1 TITLE 2 2 NAME			C change C harries
NAME STREET ADDRESS	1008 MERCANTILE TOWER			VI- REET ADDRESS		
CITY - ST - ZIP	KANSAS CITY MO 64106			Y-ST ZIP		
TITLE		OELETE 3		ILF		Change Addition
NAME			32 NA			
STREET ADDRESS				REFT ADDRESS		
CITY - ST - ZIP TITLE	☐ DELETE		4 1 11			Change Addition
NAME			4.2 NA	ME		
STREET ADDRESS			4351	REET ADDRESS		
CITY-ST-ZIP		FT DOLES		1x - \$1 - ZIP		Change Addition
TITLE	DELETE		5 1 TI	i		C o ange C resulter
NAME			52 NA 53 ST	REET ADDRESS		
STREET ADDRESS				TY-ST-ZIF		
CITY - ST - ZIP TITLE		DELETÉ	6 1 1			☐ Change ☐ Addition
NAME			62 N4	AME .		
STREET ADDRESS			6381	REFT ADDRESS		

64 City-SI-ZIP

14. Loo 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 supplientental 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.

SIGNATIDE:

SIGNATURE:

INSCLALLE THE IGNING OFFICER OR DIRECTOR SERSTRUM

4.17.46

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