

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

FILED

**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 610167 (9)
 1. Corporation Name:
NEW PORT LARGO, INC.



Principal Place of Business % MICHAEL R. SEWARD, ESQ. PO BOX 3130 KEY LARGO FL 33037 US	Mailing Address PO BOX 3130 KEY LARGO FL 33037-8130 US
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3. Date Incorporated or Qualified 02/16/1979	3a. Date of Last Report 03/11/1996
4. FEI Number 59-1963263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Key Largo State, Apt. #, etc. 22 360 Ocean Cay City & State 23 Key Largo FL Zip 24 33037 County USA	2a. Mailing Address 26 PO Box 3130 Suite, Apt. #, etc. 27 Key Largo City & State 28 FLA Zip 29 33037 Country USA
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9. Name and Address of Current Registered Agent
**SEWARD, MICHAEL R., ESQUIRE
 228 ATLANTIC BLVD.
 STE. 200
 KEY LARGO FL 33037**

10. Name and Address of New Registered Agent
 81 Name **STUART D. MARR**
 82 Street Address (P.O. Box Number is Not Acceptable)
PO Box 3130
 83 **Key Largo**
 84 City **FL** 85 Zip Code **33037**

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: *Stuart D. MARR* (NOTE: Registered Agent signature required when reinstating) DATE: **4-15-97**

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME MARR, STUART D.	
STREET ADDRESS P.O. BOX 3130	
CITY - ST - ZIP KEY LARGO FL	
TITLE STD	<input checked="" type="checkbox"/> DELETE
NAME NETTER, CHARLES H.	
STREET ADDRESS 9655 S. DIXIE HWY SUITE 311	
CITY - ST - ZIP MIAMI FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Stuart D. MARR* DATE: **4-15-96** 305 451-5516
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)