

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMMY B. MONTAGNA
Secretary of State
1995
CORPORATIONS

APPROVED
AND
FILED

95 JUL 25 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 617172 (2)
TAP MARINA, INC.

Principal Place of Business
19137 SE FED HWY. #5
C/O PELICAN BAY YACHT CLUB
TEQUESTA FL 33469
US

Mailing Address
19137 SE FED HWY #5
C/O PELICAN BAY YACHT CLUB
TEQUESTA FL 33469
US

3. Date Incorporated or Qualified 04/11/1979	3a. Date of Last Report 04/25/1994
4. FIC Number 22-2252422	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
6. Does corporation have authority for multiple tax under 20 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 State Apt. # etc. 22 City & State 23	2a. Mailing Address 26 State Apt. # etc. 27 City & State 28
24	25

9. Name and Address of Current Registered Agent

CLARK, JUDITH G.
19947 JASMINE DR.
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.04(2) 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. Thereby accept the appointment as registered agent. I am hereby authorized to sign this statement on behalf of the Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Representative)

(Signature of Registered Agent or Designated Representative)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME DELL, JOHN E. 2. STREET ADDRESS CHANCELLOR POINT ROAD 3. CITY, STATE, ZIP TRAPPE MD		1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	☐ Change ☐ Addition
4. NAME O'BRIEN, THOMAS 5. STREET ADDRESS 1 AIRPORT ROAD 6. CITY, STATE, ZIP LAKEWOOD NJ		4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. NAME		8. NAME	☐ Change ☐ Addition
9. NAME		9. NAME	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. NAME		11. NAME	☐ Change ☐ Addition
12. NAME		12. NAME	☐ Change ☐ Addition
13. NAME		13. NAME	☐ Change ☐ Addition
14. NAME		14. NAME	☐ Change ☐ Addition
15. NAME		15. NAME	☐ Change ☐ Addition
16. NAME		16. NAME	☐ Change ☐ Addition
17. NAME		17. NAME	☐ Change ☐ Addition
18. NAME		18. NAME	☐ Change ☐ Addition
19. NAME		19. NAME	☐ Change ☐ Addition
20. NAME		20. NAME	☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/95

407 747-867