

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 719305 (5)

1. Corporation Name

MARINE TOWER YACHT CLUB, INC.



Principal Place of Business: 2500 E LAS OLAS BLVD FORT LAUDERDALE FL 33301  
Mailing Address: 2500 E LAS OLAS BLVD FORT LAUDERDALE FL 33301

3. Date Incorporated or Qualified <b>09/15/1970</b>	3a. Date of Last Report <b>05/22/1995</b>
4. FEI Number <b>23-7130107</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
BRADBURY, GERALD A. 2500 EAST LAS OLAS BLVD. FT. LAUDERDALE FL 33301		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	
		FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVERRO, JOHN	12 NAME	
STREET ADDRESS	2500 E LAS OLAS BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLINGS, MELVIN	22 NAME	
STREET ADDRESS	2500 E. LAS OLAS BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	24 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADBURY, GERALD A	32 NAME	
STREET ADDRESS	2500 E LAS OLAS BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPIER, STAN	42 NAME	
STREET ADDRESS	2500 E LAS OLAS BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	44 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, MARGUERITE	52 NAME	
STREET ADDRESS	2500 E. LAS OLAS BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCH, TERESA	62 NAME	
STREET ADDRESS	2500 E. LAS OLAS BLVD.	63 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	64 CITY-ST-ZIP	

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Loverro Date: March 6, 1996  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOHN LOVERRO Daytime Phone #: 305 467-1092

CR2E037 (12/95)