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Feb 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 734896 (4)  
1. Corporation Name  
PROPELLER CLUB INTERNATIONAL SEAMEN'S PARK, INC.



Principal Place of Business Mailing Address  
1001 NORTH AMERICA WAY 1001 NORTH AMERICA WAY  
MIAMI FL 33132-2014 ROOM 106  
MIAMI FL 33132-2095  
US

3. Date Incorporated or Qualified 02/06/1976 3a. Date of Last Report 02/08/1996  
4. FEI Number 51-0189706 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent  
KELLEY, ALLAN R.  
FOWLER, WHITE, ET AL  
175 N.W. FIRST AVENUE  
MIAMI FL 33128-1817

10. Name and Address of New Registered Agent  
81 Name KELLY, ALLEN (FOWLER WHITE ET AL)  
82 Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND ST.  
83 17TH FLOOR  
84 City MIAMI FL 85 Zip Code 33131

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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME LINDBERG, LARUE  
STREET ADDRESS 1001 NORTH AMERICA WAY  
CITY-ST-ZIP MIAMI FL  
TITLE ST  
NAME ALBURY, ROBERT E.  
STREET ADDRESS 1001 NORTH AMERICA WAY  
CITY-ST-ZIP MIAMI FL  
TITLE D  
NAME WHELPTON, PETER  
STREET ADDRESS 1050 CARIBBEAN WAY  
CITY-ST-ZIP MIAMI FL  
TITLE D  
NAME BULGARIDES, PETER  
STREET ADDRESS 1001 NORTH AMERICA WAY  
CITY-ST-ZIP MIAMI FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 2-7-97 305 358-5675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028811

CP2E037 (9/96)