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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758392

1. Corporation Name
OCEAN ISLES FISHING VILLAGE, INC.

543052 - 90345 - 20

Principal Place of Business	Mailing Address
10877 OVERSEAS HWY UNIT 1 MARATHON FL 33052 US	10877 OVERSEAS HWY UNIT 1 MARATHON FL 33052 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/18/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2272186 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MEHLHAFF, FREDRICK D
10877 OVERSEAS HWY
UNIT 1
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name: Ferenci, Donna N.
82 Street Address (P.O. Box Number is Not Acceptable): 10877 Overseas Hwy.
83 Unit 1
84 City: Marathon **FL** 85 Zip Code: 33050

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: Donna N. Ferenci — Donna N. Ferenci — DATE: 4/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PETER, LARRY		1.2 NAME		
STREET ADDRESS	1996 OVERSEAS HWY #23		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SALAVARRIA, JOSE		2.2 NAME		
STREET ADDRESS	10814 S.W. 74TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MESTRE, OCTAVIO E.		3.2 NAME		
STREET ADDRESS	7101 SW 112 PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COOK, JEANNE		4.2 NAME		
STREET ADDRESS	277 N. SACKETT ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARBLEHEAD OH		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME			5.2 NAME	Ernesto Nodarse	
STREET ADDRESS			5.3 STREET ADDRESS	10111 SW 66th St.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami, FL 33173	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Jeanne Cook — **SIGNATURE REQUIRED** — 4/16/99 — (305) 743-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jeanne Cook, Treasurer

CR2E037 (1/98)