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Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766369** (3)

1. Corporation Name

**FLOTILLA #8-6, VENICE, INC.**

Principal Place of Business

Mailing Address

**1200 S HARBOR DR (34285)  
P O BOX 1941  
VENICE FL 34285**

**1200 S HARBOR DR (34285)  
P O BOX 1941  
VENICE FL 34285**

3. Date Incorporated or Qualified

**12/30/1982**

4. FEI Number

**59-2513054**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUN BANK  
200 SOUTH NOKOMIS AVENUE  
VENICE FL 34285**

**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

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	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUMPHREY, DONALD</b>	
STREET ADDRESS	<b>215 LOUELLA LANE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, KENNETH</b>	
STREET ADDRESS	<b>850 BAYPORT CLIR</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DEVINE, JANE</b>	
STREET ADDRESS	<b>1824 HORIZON RD</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LAJEUNESSE, GERALD H.</b>	
STREET ADDRESS	<b>707 BLANCA CIRCLE</b>	
CITY-ST-ZIP	<b>NORTHPORT FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>GOKBUDAK, UYGUR</b>	
STREET ADDRESS	<b>435 GOLDEN BEACH</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MESSANA, JOSEPH</b>	
STREET ADDRESS	<b>9289 STEUBENVILLE AVE</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HYNES, HERBERT</b>	
1.3 STREET ADDRESS	<b>436 ANDROS AVE.</b>	
1.4 CITY-ST-ZIP	<b>VENICE, FL 34292</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SUSEK, JOHN</b>	
2.3 STREET ADDRESS	<b>1228 VERMEER DRIVE</b>	
2.4 CITY-ST-ZIP	<b>NOKOMIS, FL 34275</b>	
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HARRIS, ROBERT</b>	
3.3 STREET ADDRESS	<b>1256 N. INDIES CIR.</b>	
3.4 CITY-ST-ZIP	<b>VENICE, FL 34292</b>	
4.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MACKENZIE, TYRONE</b>	
4.3 STREET ADDRESS	<b>613 PORTSIDE DR.</b>	
4.4 CITY-ST-ZIP	<b>VENICE, FL 34287</b>	
5.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>GOKBUDAK, UYGUR</b>	
5.3 STREET ADDRESS	<b>435 GOLDEN BEACH BWD.</b>	
5.4 CITY-ST-ZIP	<b>VENICE, FL 34285</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>MCGRAW, NORMAN</b>	
6.3 STREET ADDRESS	<b>921 ORINDO AVE.</b>	
6.4 CITY-ST-ZIP	<b>VENICE, FL 34292</b>	

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.

SIGNATURE:

**UYGUR GOKBUDAK** 4/17/98 488-1900

CR2E037 (10/97)