

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 849502 (0)

1. Corporation Name

SAILFISH POINT MARINA CORPORATION



Principal Place of Business

4440 PGA BLVD.
SUITE 601
PALM BCH. GARDENS FL 33410
US

Mailing Address

1201 ELM ST
PO BOX 900
DALLAS TX 75270-014
US

3. Date Incorporated or Qualified
06/22/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 3225 Galloway Road
27 Suite, Apt. #, etc.
28 STATE TAX DEPT
29 City & State
30 FAIRFAX VA
31 Zip
32 22037
33 Country
34 USA

4. FEI Number

75-1765083

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BROWN, D.
11911 FREEDOM DR.
RESTON VA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C
GRECO, N. G.
11911 FREEDOM DRIVE
RESTON VA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
EV
GRECO, N. G.
11911 FREEDOM DRIVE
RESTON, VA 22090
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
OLSON, C.T.
1201 ELM ST
DALLAS TX

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
AS
GARNEY, G. G.
3225 GALLOWAY ROAD
FAIRFAX VA 22037
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
HONIG, S.
4440 PGA BLVD. #601
PALM BEACH GARDENS FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
STEVENSON, P. A.
3225 GALLOWAY RD
FAIRFAX VA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
CASELLI, J. A.
3225 GALLOWAY ROAD
FAIRFAX VA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
T
SARNOWSKI, J. A.
3225 GALLOWAY ROAD
FAIRFAX VA 22037
Change Addition

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

SIGNATURE:

G. G. GARNEY, ASST. SECRETARY

4/22/96

(703) 846-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)