

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT 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 # **849502** (0)  
1. Corporation Name  
**SAILFISH POINT MARINA CORPORATION**



Principal Place of Business <b>4440 PGA BLVD. SUITE 601 PALM BCH. GARDENS FL 33410 US</b>	Mailing Address <b>3225 GALLOWES ROAD STATE TAX DEPT. FAIRFAX VA 22037 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/22/1981</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>75-1765083</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	11 TITLE	PD
NAME	PATOCKA, B.A.	12 NAME	
STREET ADDRESS	3225 GALLOWES RD	13 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	VASD
NAME	PEEL, N.D.	22 NAME	SKLANSKY, P. E.
STREET ADDRESS	3225 GALLOWES RD	23 STREET ADDRESS	3225 Gallowes Road
CITY-ST-ZIP	FAIRFAX VA 22037	24 CITY-ST-ZIP	FAIRFAX, VA 22037
TITLE	T	31 TITLE	
NAME	SARNOWSKI, J.A.	32 NAME	
STREET ADDRESS	3225 GALLOWES ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	34 CITY-ST-ZIP	
TITLE	AT	41 TITLE	
NAME	CAVALIERE, A.L.	42 NAME	
STREET ADDRESS	3225 GALLOWES ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	
NAME	STEVENSON, P. A	52 NAME	
STREET ADDRESS	3225 GALLOWES RD	53 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	54 CITY-ST-ZIP	
TITLE	AC	61 TITLE	
NAME	LOPEZ, S.A.	62 NAME	
STREET ADDRESS	3225 GALLOWES ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22037	64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Assistant

CR2E034 (10/97)