FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 FEB -7 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F09265 (2)

1. Corporation Name
MARCO CASTAWAYS RESORT, INC.

Principal Place of Business	Mailing Address
701 BRICKELL AVE. STE. 1850 MIAMI FL 33131 US	701 BRICKELL AVE. SUITE 1850 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1980
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOLDSTEIN, LESTER L.
701 BRICKELL AVE.
SUITE 1850
MIAMI FL 33131

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 _____ DATE _____
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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	COPE, CAROL SORET	1.2 NAME		
STREET ADDRESS	150 W FLAGER ST #2200	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	GOLDSTEIN, LESTER L.	2.2 NAME		
STREET ADDRESS	100 SE 2 ST, STE 3600	2.3 STREET ADDRESS	701 Brickell Ave, STE 1850	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fl 33131	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	GRASSA, SALVATORE	3.2 NAME		
STREET ADDRESS	213 W VERMILLION ST #222	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAFAYETTE LA	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CONNOR, D.W.	4.2 NAME		
STREET ADDRESS	15 GROSVENOR SQUARE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON, WI, ENGLAND	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PLACER, MICHAEL	5.2 NAME		
STREET ADDRESS	213 W VERMILLION ST #222	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAFAYETTE LA	5.4 CITY-ST-ZIP		
TITLE		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 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)(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.

SIGNATURE: Lester L. Goldstein 2/1/95 305-347-3813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # LH 2-7-95

012007B2 CP