PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90158 011 ***150.00

DOCUMENT # F9500001032 1. Corporation Name AQUIA BEACH MARINA, INC.	1		
		- , }001/00 ((10 10:0)	####
Principal Place of Business Mailing Address			
1131 VERNON PLACE 1131 VERNON PLACE		,	
MARCO ISLAND FL 34145 US MARCO ISLAND FL 34145 US		DO NOT WRITE IN THIS	SPACE
US		3. Date Incorporated or Qualifed	
		03/03/1995	
Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For
21 26		54-0788856	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27		5. Certifcate of Status Desired	Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
28		Trust Fund Contribution	Added to Fees
Zip Country Zip	Country	8. This corporation owes the current year In	
24 25 29 30		Personal Property Tax.	☐ Yes ☐ No
Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent
DARGELEG ROBERT LOD	81 Name		
PARCELLES, ROBERT J SR	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
1131 VERNON PLACE			
MARCO ISLAND FL 34145	83		
	84 City		85 Zip Code
_	1 1 - 3	Fl	
CO. 1: 007 0700 Jul 007 4500 Florido Statutan 1	the above named corn	poration submits this statement for the nurnosalo	f changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered algent, or both, in the State of Florida. Such change was authoragent, am admitted with and seein the obligations of Scoton 607.0505, Florida SIGNATURE	5-//-	77	f changing its registered intment as registered
SIGNATURE Signature, typed or privited name of registered agent-and-title IT applicable. (NOTE: Reg	jistered Agent signature require	ed when reinstating) DATE	
SIGNATURE Signature, typed or privide have of registered agent and title IT applicable. (NOTE: Reg 12. OFFICERS AND DIRECTORS	gistered Agent signature require	77	
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SIGNATURE Signature, typed or privide have of registered agent and title if applicable. (NOTE: Reg 12. OFFICERS AND DIRECTORS TITLE PTC ROBERT J SR PARCELLES, ROBERT J SR	nstered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating) DATE	ND DIRECTORS IN 12
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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 coporation 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 3 or Chapter 607, or on, an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS.