

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G01933

(2)

1. Corporation Name

PORT OF THE ISLANDS, INC.



Principal Place of Business

Mailing Address

RV PARK
NAPLES FL 33961
US

C/O 1221 W COAST HWY
NEWPORT BEACH CA 33961
US

3. Date Incorporated or Qualified

09/29/1982

3a. Date of Last Report

06/13/1995

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

4. FEI Number

59-2234416

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

MARNELL, MARY
C/O MACKIE & MARNELL PA
5551 RIDGEWOOD DR
NAPLES FL 33963

81 Name
Marnell, Mary
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Ruden, McClosky, Smith, Schuster & Russell
83 200 E. Broward Blvd.
84 City
Ft. Lauderdale FL 85 Zip Code
33301

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)

(If OFF: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME JOHNSON, GERALD T
STREET ADDRESS 1221 W COAST HWY
CITY - ST - ZIP NEWPORT BEACH CA ☐ DELETE

11 TITLE V/D ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP Newport Beach, CA 92663

TITLE VSD
NAME WOOTEN, DAVID
STREET ADDRESS 221 W COAST HIGHWAY
CITY - ST - ZIP NEWPORT BEACH CA ☐ DELETE

21 TITLE P/D ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 1221 W. Coast Highway
24 CITY - ST - ZIP Zip = 92663

TITLE D
NAME RAY, BEVERLY
STREET ADDRESS 1221 W COAST HIGHWAY
CITY - ST - ZIP NEWPORT BEACH CA ☐ DELETE

31 TITLE C/D ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP Zip = 92663

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP ☐ 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/96

714 645-5000

Date

Daytime Phone #

CR2E034 (3/96)