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 MAR 22 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # G31862 (7)

1. Corporation Name
MARCO BEACH RENTALS, INC.

Principal Place of Business	Mailing Address
900 N. COLLIER BLVD. P. O. BOX 8088 MARCO ISLAND FL 33969	900 N. COLLIER BLVD. P. O. BOX 8088 MARCO ISLAND FL 33969 US

3. Date Incorporated or Qualified: 04/05/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2780482 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

ANTARAMIAN, JACK J.
900 N. COLLIER BLVD.
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent
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

TITLE	VD
NAME	NASSIF, DAVID
STREET ADDRESS	51 SCOTCH PINE RD.
CITY-ST-ZIP	WELLESLY MA
TITLE	PTD
NAME	ANTARAMIAN, JACK
STREET ADDRESS	3725 FT. CHARLES DR.
CITY-ST-ZIP	NAPLES FL
TITLE	AS
NAME	SCHULKIN, MARTIN B.
STREET ADDRESS	23 COUNTRY DR.
CITY-ST-ZIP	WESTON MA
TITLE	V
NAME	KORCOUREK, DAVID A.
STREET ADDRESS	1170 CARA CT.
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	V
NAME	MALLOY, WILLIAM T.
STREET ADDRESS	828 HIDEAWAY CIRCLE, E., #417
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	AS
NAME	WEINSTEIN, ROBERT
STREET ADDRESS	25 MANOR HOUSE RD.
CITY-ST-ZIP	NEWTON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: J Antaramian 3/13/95 813-434-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026820 CR