

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G31862 (7)

1. Corporation Name

MARCO BEACH RENTALS, INC.



Principal Place of Business

900 N. COLLIER BLVD.
P. O. BOX 8088
MARCO ISLAND FL 33969

Mailing Address

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
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2780482

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME NASSIF, DAVID
STREET ADDRESS 51 SCOTCH PINE RD.
CITY-ST-ZIP WELLESLEY MA

TITLE PTD ☐ DELETE
NAME ANTARAMIAN, JACK
STREET ADDRESS 3725 FT. CHARLES DR.
CITY-ST-ZIP NAPLES FL

TITLE AS ☐ DELETE
NAME SCHULKIN, MARTIN B.
STREET ADDRESS 23 COUNTRY DR.
CITY-ST-ZIP WESTON MA

TITLE V ☐ DELETE
NAME KORCOUREK, DAVID A.
STREET ADDRESS 1170 CARA CT.
CITY-ST-ZIP MARCO ISLAND FL

TITLE V ☐ DELETE
NAME MALLOY, WILLIAM T.
STREET ADDRESS 828 HIDEAWAY CIRCLE, E., #417
CITY-ST-ZIP MARCO ISLAND FL

TITLE AS ☐ DELETE
NAME WEINSTEIN, ROBERT
STREET ADDRESS 25 MANOR HOUSE RD.
CITY-ST-ZIP NEWTON MA

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:

William T. Malloy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

941 394-2505

Date

Daytime Phone #