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May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address  
**800 N. COLLIER BLVD.  
P. O. BOX 8088  
MARCO ISLAND FL 34145-2741  
US**



3. Date Incorporated or Qualified **04/05/1983** 3a. Date of Last Report **04/26/1996**

2. Principal Place of Business  
21 **1000 N. Collier Blvd.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **900 N. Collier Blvd.**  
Suite, Apt. #, etc.

4. FEI Number **59-2780482** Applied For  
Not Applicable

22 City & State  
23 **Marco Island, FL**

27 City & State  
28 **Marco Island, FL**

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

24 Zip **34145** 25 Country **Collier**

29 Zip **34145** 30 Country **Collier**

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~~ - 34145**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code **34145**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	June Prophet	
1.3 STREET ADDRESS	299 Edgewater Court	
1.4 CITY-ST-ZIP	Marco Island, FL 34145	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *William T. Malloy* REQUIRED William T. Malloy, Sr. V.P. 941 394-2505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)