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 # **G37192** **(3)**

1. Corporation Name
TARPON LAKE MARINA, INC.

Principal Place of Business
37517 US 19 NORTH
4200 U.S. HWY. 19 NORTH
PALM HARBOR FL 34684

Mailing Address
37517 US 19 NORTH
4200 U.S. HWY. 19 NORTH
PALM HARBOR FL 34684

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

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

3. Date Incorporated or Qualified: **05/05/1983**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **59-2301189** [ ] 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
POLUKEY, DUANE R.
4200 U.S. HWY. 19 NORTH
PALM HARBOR FL 34684

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 undersigned corporation files 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	POLUKEY, DUANE R.	
STREET ADDRESS	93 LEXINGTON	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	ST	[ ] DELETE
NAME	MORRIS, CINDY	
STREET ADDRESS	93 LEXINGTON	
CITY-ST-ZIP	DUNEDIN, FL 00000	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
2. TITLE	[ ] Change [ ] Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	[ ] Change [ ] Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	[ ] Change [ ] Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	[ ] Change [ ] Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	[ ] Change [ ] Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied within this filing, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(y), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true, complete 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 business manager of the corporation appointed by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a separately attached sheet-of-paper.

SIGNATURE: Duane R. Polukey 3/13/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR