

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 21 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G40705 (7)

1. Corporation Name
MARINA ISLES DEVELOPMENT CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 740 PINETREE DR INDIAN HARBOUR BEACH FL 32937	Mailing Address P.O. BOX 872740 SATELLITE BEACH FL 32922 US
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2. Principal Place of Business 21 409 PALM SPRINGS BLVD	2a. Mailing Address 26 409 PALM SPRINGS BLVD	3. Date Incorporated or Qualified 05/24/1983	4. FEI Number 59-2293188	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 City & State INDIAN HARBOUR BCH, FL	28 City & State INDIAN HARBOUR BCH, FL	24 Zip 32937	25 Country USA	29 Zip 32937
		30 Country USA		

9. Name and Address of Current Registered Agent NELSON, CHARLES L. 740 PINETREE DRIVE INDIAN HARBOUR BEACH FL 32937	10. Name and Address of New Registered Agent 81 Name HUBERT C. NORMILE, JR 82 Street Address (P.O. Box Number is Not Acceptable) 1499 SO. HARBOR CITY BLVD, SUITE 303 84 City MELBOURNE FL 85 Zip Code 32901
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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 *Hubert C. Normile, Jr.* DATE **4/13/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	MCCOIRE, MARTIN J.	
STREET ADDRESS	28 MARINA ISLES BLVD	
CITY - ST - ZIP	INDIAN HARBOUR BCH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, CHARLES L.	
STREET ADDRESS	18 MARINA ISLES BY #303	
CITY - ST - ZIP	INDIAN HARBOUR BEACH,	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	PERSON, ARTHUR B.	
STREET ADDRESS	1300 S PATRICK DR	
CITY - ST - ZIP	SATELLITE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	STEVEN L. POORBANGH		
1.3 STREET ADDRESS	409 PALM SPRINGS BLVD		
1.4 CITY - ST - ZIP	INDIAN HARBOUR BCH, FL 32937		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	PRESIDENT/TREAS/DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	ARTHUR B. PERSON		
3.3 STREET ADDRESS	1406 SO. RIVERSIDE DR.		
3.4 CITY - ST - ZIP	INDIANTRC, FL 32903		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I 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 as an attachment with an address.

SIGNATURE: *Hubert C. Normile, Jr.* DATE: **4-10-98 407-777-5695**

CR2E034 (10/97)