

**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 # **H00833 (4)**  
1. Corporation Name  
**MARCO SAIL, INC.**



Principal Place of Business  
**165 STILLWATER CT.  
MARCO ISLAND FL 33937**

Mailing Address  
**165 STILLWATER CT.  
MARCO ISLAND FL 33937**

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

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

3. Date Incorporated or Qualified **04/26/1984** 3a. Date of Last Report **05/31/1995**

4. FEI Number **59-2422168** 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

**WOODWARD, CRAIG R.  
606 BALD EAGLE DR SUITE 500  
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 | 85 | Zip Code  
**FL**

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 \_\_\_\_\_ (Print or type the printed name of registered agent on file if applicable) (Print Registered Agent's name if required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, JAMES S.</b>	2. NAME	
STREET ADDRESS	<b>165 STILLWATER CT.</b>	3. STREET ADDRESS	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	4. CITY-ST-ZIP	
TITLE	<b>SD</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, GARA ANN</b>	6. NAME	
STREET ADDRESS	<b>165 STILLWATER CT.</b>	7. STREET ADDRESS	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	8. CITY-ST-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. 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 119.0713(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: *James S. Martin* **JAMES S. MARTIN** 1/18/96 941-394-8118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)