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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

H13575

(6)

COCOPLUM MARINA AND STORAGE, INCORPORATED

FILED Apr 25 1996 8:00 am Secretary of State

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Principal Place	rincipal Place of Business Mailing Address				. 1064.015 E.E. 11990 (119) AVIII (649) EVII AVIII EVII EVII AVIII EVII AVIII AVIII AVIII AVIII AVIII AVIII A					
66 COCO PLUM DRIVE %JOSEPH L. BARAN MARATHON FL 33050		%JOSEF	66 COCO PLUM DRIVE %JOSEPH L. BARAN MARATHON FL 33050							
		MARAIT	MARATHUN PL 33050			3. Date Incorporated or Qualified 3a. Date of Last Report 07/24/1984 04/27/1995				
	ace of Business	2a. Mailing A	Address			4. FEI Numbe				Applied For
21	·	26				59-	2539038			Not Applicable
Suite, Apt. (22	#, etc	Suite, Ar	ot. #, etc.			5. Certificate	of Status Desired		•	Additional Required
City & State)	City & St	ate			6. Election Ca	mpaign Financing		\$5.0	0 May Be
23		28				Trust Fund	Contribution		-	d to Fees
–∵⊐ ^Z ip	Country	Zip		Country	,		ration has liability for		under s	199.032,
24	25	29		30		Florida Sta		□No	·····	
	g. Name and Address of Currer	nt Registered Age	ent			10. Name and	Address of New P	tegistered A	gent	
				81	Name			•		
	N, JOSEPH L.			82	Street Add	iress (P.O. Box Nur	nber is Not Acceptab	ole)		
	CO PLUM DRIVE									
MARA	THON FL 33050			83						
1				84	City				85 Zi	p Code
								FL		•
11. Pursuant t	o the provisions of Sections £07.0502 ed agent, or both, in the State of Flori	2 and 607.1508, FI	orida Statutes,	the above-	named corpo	oration submits this	statement for the pur	pose of chan	ging its r	egistered office
familiar wit	th, and accept the obligations of Sect	tion 607.0505, Flor	ida Statutes		1 1		reby accept the app	UITHOTH 45 R	egistered /	agent. Fam
SIGNATURE	Juseph L. Born	on Pres		diam	6 4 1	Baron	Osan.	4/2	0/9	6
	Signature, typed to printed name of registered agent	l and title if applicable.	THE STATE OF THE S		nt signature require	ed when reinstating)		DATE		-3
12.	OFFICERS AN	D DIRECTORS	_//	43.		ADDITIONS	CHANGES TO OFF			
TIFLE	Р		DELETE	1. 1 TITLE			15.	, D	Change	Addition
NAME	BARAN, JOSEPH L.			1.2 NAME		William	6. Loud	rinclosor	-	
STREET ADDRESS	66 COCO PLUM DRIVE			1.3 STREET	ADDRESS	66 Coxo	Plum !	Drive		
CITY-ST-ZIP	MARATHON FL			1.4 CITY - S		Morafle	m Fl	33	050	<i>y</i>
TITLE	ST		DELETE	2 1 TITLE					Change	Addition
NAME	Baran, Janet L.			2.2 NAME						
STHEET ADDRESS	66 COCO PLUM DRIVE			23 STREET	ADDRESS					
CHTY - ST - 21P	MARATHON FL	•		24 CITY - 9	ST - ZIP					
TITLE	VICE Provident	<u> </u>	DELETE	3 1 TITLE					Change	☐ Addition
NAME	William Exter	advislage	L	32 NAME						
STREET ADDRESS		mile .		3.3. STREE	F ADDRESS					
CITY - ST - ZIP	Morathon Fl.	33050	<u>د</u>	3.4 CITY - S	6T - ZIP					
BILE			DELETE	4. 1 TITLE				[]	Change	Addition
NAME				4.2 NAME				_	-	_
STHEFT ADDRESS				4.3 STREET	ADDRESS					•
CITY - ST - ZIP				4.4 CITY - S						
TIFLE	<u> </u>	П	DELETE	5 1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME		ليط		5.2 NAME				-		
STREET ADDRESS				5.3 STREET	ADDRESS					
CITY-ST-ZIP				5.4 CITY - S	- 1					
TITLE			DELETE	6.1 TITLE	N-ZIF	· · · · · · · · · · · · · · · · · · ·			Change	☐ Addition
NAME				6.1 MILE 6.2 NAME				IJ	Sharige	- Manifold
					ADDDCCC					
STREET ADDRESS				6 3 STREET						
CITY ST ZIP	Dod's that the information			6.4 CITY - S	IT-ZIP	Z-111		odiowa E		

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: _