

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

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**Apr 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H13575 (6)

1. Corporation Name
COCOPLUM MARINA AND STORAGE, INCORPORATED



Principal Place of Business 66 COCO PLUM DRIVE %JOSEPH L. BARAN MARATHON FL 33050	Mailing Address 66 COCO PLUM DRIVE %JOSEPH L. BARAN MARATHON FL 33050-4013
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3. Date Incorporated or Qualified 07/24/1984	3a. Date of Last Report 04/25/1996
4. FEI Number 59-2539038	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 66 Coco Plum Drive Suite, Apt. #, etc.	2a. Mailing Address 26 66 Coco Plum Drive Suite, Apt. #, etc.
22 City & State 23 Marathon, FL	27 City & State 28 Marathon, FL
24 Zip 33050 25 Country Monroe	29 Zip 33050 30 Country Monroe

9. Name and Address of Current Registered Agent

**BARAN, JOSEPH L.
66 COCO PLUM DRIVE
MARATHON FL 33050**

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 607.03(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title of applicant (None) Registered Agent's signature (except when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P	NAME BARAN, JOSEPH L.	<input type="checkbox"/> DELETE
STREET ADDRESS 66 COCO PLUM DRIVE	CITY-ST-ZIP MARATHON FL	
TITLE ST	NAME BARAN, JANET L.	<input type="checkbox"/> DELETE
STREET ADDRESS 66 COCO PLUM DRIVE	CITY-ST-ZIP MARATHON FL	
TITLE VP	NAME LAUDENSLAGER, WILLIAM E	<input type="checkbox"/> DELETE
STREET ADDRESS 66 COCO PLUM DR	CITY-ST-ZIP MARATHON FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 *Joseph L. Baran* *Janet L. Baran* *William E. Laudenslager* *Frank J. B.* *J. L. B.* *P.* *4667 20717-7717*

CR2E034 (9/96)