FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H28602 (1)

1. Corporation Name
MARCO BEACH WATERFRONT PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O FREDERICK C. KRAMER 950 N. COLLIER BLVD MARCO ISLAND FL 33937-9725	C/O FREDERICK C. KRAMER 950 N. COLLIER BLVD MARCO ISLAND FL 33937-9725

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 249 North Collier Blvd	26 Po Box 2025
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Marco Is. FL	28 City & State: Marco Is FL
24 Zip: 33969 25 Country: USA	29 Zip: 33969 30 Country: USA

3. Date Incorporated or Qualified: 10/31/1984
3a. Date of Last Report: 03/07/1994
4. FEI Number: 65-0034748 ☐ 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

KRAMER, FREDERICK C.
950 NORTH COLLIER BLVD
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 FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CUZZI, LAWRENCE	1.2 NAME	
STREET ADDRESS	P.O. BOX 2025 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(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: Lawrence R. Cuzzi 3/9/95 813-394-3939
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WITH AUTHORITY OF DIRECTOR — Date — Daytime Phone #
LAWRENCE R. CUZZI

0336909 CP