

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 # **H58445** (8)

1. Corporation Name
MARINE SPORTS, LTD., INC.



Principal Place of Business

**924 PARK AVE.
LAKE PARK FL 33403**

Mailing Address

**310 4TH ST
LAKE PARK FL 33403
US**

2. Principal Place of Business

2a. Mailing Address

21 **310 4th St.**
22 **Lake Park, FL.**
23 **33403**
24 **33403**

26 **310 4th St.**
27 **Lake Park, FL.**
28 **33403**
29 **33403**

3. Date Incorporated or Qualified
05/23/1985

3a. Date of Last Report
03/10/1995

4. FEI Number
59-2541719

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

**JACOBSON, WILLIAM P.
450 AUSTRALIAN AVE S
STE 600
W PALM BEACH FL 33401**

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 607.0102 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

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

12. OFFICERS AND DIRECTORS

1. NAME **DP**
2. STREET ADDRESS **URBINATI, DAVID T.**
3. CITY, ST, ZIP **310 4TH ST**
4. NAME **LAKE PARK FL**
5. STREET ADDRESS
6. CITY, ST, ZIP
7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP
16. NAME
17. STREET ADDRESS
18. CITY, ST, ZIP
19. NAME
20. STREET ADDRESS
21. CITY, ST, ZIP
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. NAME
26. STREET ADDRESS
27. CITY, ST, ZIP
28. NAME
29. STREET ADDRESS
30. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. TITLE ☐ Change ☐ Addition
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
29. TITLE ☐ Change ☐ Addition
30. NAME
31. STREET ADDRESS
32. 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)(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: **David V. Ubrinati**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12/96 **407-844-4170**
Date Date of Filing

CR2E034 (12/95)