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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H65971** **(4)**

1. Corporation Name

PORT OF THE ISLANDS REALTY, INC.

Principal Place of Business	Mailing Address
~~156~~ 140 ~~EVENINGSTAR CAY~~ NAPLES FL 33961 US	~~140~~ 156 ~~EVENINGSTAR CAY~~ NAPLES FL 33961 US

3. Date Incorporated or Qualified: 07/11/1985
3a. Date of Last Report: 04/13/1995

2. Principal Place of Business	2a. Mailing Address
21	26 140 EVENINGSTAR CAY
22 Suite, Apt. #, etc. 140 Eveningstar Cay	27 Suite, Apt. #, etc. 140 Eveningstar Cay
23 City & State NAPLES FL	28 City & State NAPLES FL
24 Zip 33961 25 Country USA	29 Zip 33961 30 Country USA

4. FEI Number: 59-2565607 ☐ 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

MARY MARNELL, ESQ
5551 RIDGEWOOD DR
SUITE 201
NALES FL 33961

10. Name and Address of New Registered Agent

81 Name: Mary Marnell Esq.
82 Street Address (P.O. Box Number is Not Acceptable): Ruden, McClosky et. al
83: 5811 Pelican Bay Blvd. Suite 210
84 City: Naples FL 85 Zip Code: 33963

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: Mary A. Marnell (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 2/23/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BARNARD, THOMAS L ~~156 EVENINGSTAR CAY~~ NAPLES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDY, ROBERT S ~~156 EVENINGSTAR CAY~~ NAPLES FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	140 Eveningstar Cay Naples, FL 33961	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOTEN, DAVID C 25000 E TAMIAMI TRAIL NAPLES FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	140 Eveningstar Cay Naples, FL 33961	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BASMAJIAN, ROBERT O 25000 E TAMIAMI TRAIL NAPLES FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HANE, FREDERICK K 25000 E TAMIAMI TRAIL NAPLES FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MANNOFF, DONNA 25000 TAMIAMI TRAIL NAPLES FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: [signature] 2-19-96 941-389-1808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #