FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Morthani
Secretary of State
Division OF CORPORATIONS

1996

SIGNATURE: __

DOCUMENT # H69183

(2)

FISHERMAN'S LANDING OF MADEIRA BEACH, INC.

Principal Place of Business Mailing Address 190 - 128TH AVE. E. 190 - 128TH AVE. E.						
MADEIRA BEA	ACH FL 33708	MADEIRA BEACH FL	33708			
				3. Date incorporated or Qualified 07/31/1985	3a. Date of Last Report 03/03/1995	
2. Principal Pta	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2558272	Applied For Not Applicable	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State	7/15.24	6. Election Campaign Financing	Fee Required	
3		28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for i		
!4	25	29	30		□ No	
	9. Name and Address of Currer	it Hegistered Agent	81 Name	10. Name and Address of New R	egistered Agent	
STONE,	WILLIAM					
190 128TH AVENUE EAST			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
MADEIRA BCH. FL 33708			83	83		
			84 City		7 - 0 - 1	
			84 City		FL 85 Zip Code	
SIGNATURE _ 12. TITLE	Signature, byced or protect hair e of registerical ago it OFFICERS AN		OTE Brighteen Agent signature required.	ADDITIONS/CHANGES TO OFFI		
NAME	STONE, WILLIAM	☐ DECEIE	1 1 TITLE		☐ Change ☐ Addition	
STREET ADDRESS	190 128TH AVENUE EAST		1.2 NAME 1.3 STREET ADDRESS			
CITY-SY-ZIP	MADEIRA BEACH FL		14 CITY-ST-Z-P			
TITLE	PS	☐ DELFTE	2 1 TITLE		Change Addition	
NAME	STONE, WILLIAM		2.2 NAME			
STREET ADDRESS	190 128TH AVENUE EAST		2.3 STREET ADDRESS			
CITY - ST - ZiP	MADERIA BCH. FL VP	T contin	2 4 Cily-ST ZiP			
TITLE NAME	STONE, WILLIAM	□ DELFIE	3 1 TITLE 3 2 NAME		☐ Change ☐ Addition	
STREET ADDRESS	190 128TH AVENUE EAST		3.3 STREET ADDRESS			
CITY ST Z-P	MADEEIRA BCH. FL		3 4 CiTY - ST - ZiF			
TITLE		☐ DELETE	4 1 THEF		Change Addition	
NAME	STONE, WILLIAM		4.2 NAME			
STREET ADDRESS	190 128TH AVENUE EAST MADERIA BCH. FL		4.3 STREET ADDRESS			
CITY - ST - ZIF	MADERIA BOTI. FL		4.4 City - S1 - ZIP			
TITLE NAME		□ DELETE	5 1 TALE		Change C Addition	
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY - ST - 7IP			
TITLE		☐ DELET€	6 1 Till.F	70000184	Comige Addition	
NAME			6.2 NAME	-06/03/96010		
STREET ADDRESS			63 STREET ADDRESS	***208.75		
CITY - ST - ZIP			6.4 CITY - ST - ZIP			
certify that oath; that f	the information indicated on tius annu	ਸ਼ਤ report or supplemental an ਸ਼ਤੀਨਾ। or the receiver or trusti	nua' report is true and accu se empowered to execute t	for the exemption stated in Section 119. rate and that my signature shall have the his report as required by Chapter 607, Flo	same lenal effect as if made under	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR