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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J08006

(5)

MARINER SQUARE MARINA, INC.

FILED
Apr 17 1997 8:00am
Secretary of State



	ice of Business	Mailing Address				1 SEATING ONLY DISSESSED				
969 N. A1A #5 PO BOX 034002 INDIALANTIC FL 32803		989 N. A1A #5 PO BOX 034002 INDIALANTIC FL 32903-0802								
					1	Date Incorporate 04/07/1986	d or Qualified		te of Last 2/1996	
2. Principal	Place of Business	2a. Mailing Address			4.	FEI Number 59-2825199			⊢ -+	Applied For
Suite, Ap	1. #, etc.	Suite, Apt. #, etc).							Not Applicab Additional
22		27			5.	Certificate of Stat	tus Desired			Required
City & St	ite	City & State			6.	Election Campaig	gn Financing		\$5.0	O May Be
3	T 6	28				Trust Fund Contr	ibution			d to Fees
Ζφ 4]	Country	Zip	Cou	ntry	, В.	This corporation I				s. 199.032,
91	25 9, Name and Address of Cu	rrent Registered Agent	30	**	10	Florida Statutes Name and Addres		Yes [
CO	LEMAN, J. H.			81 Name			305 01 11017 110	giotolog r	·goitt	
	N. A1A #5		,	20 0	Samo	<u> </u>				
	DIALANTIC FL 32903			82 Street	Address (P	O. Box Number i	s Not Acceptab HIBISCU	15 BL	QU.	
				83			11.9.9			
			}	84 City v					125 1 50	
	t to the provisions of Sections 607.			' 1	MeLI	Bourne		FL	85 3	290 I
SIGNATURE	registered agent, or both, in the S am familiar with, and accept the of	oligations of Section 607,000	o, rionua otati	utes.						
	5 justices typical or printed name of registerer	d agent and title if applicable	(NOTE: Registered	Agent signature	e required when	reinstaling)	······	DATE		
	OFFICERS	AND DIRECTORS	13.	Agent signature		reinstating) ADDITIONS/CHAN	IGES TO OFFIC		DIRECTO	DRS IN 12
12.	OFFICERS STD		13.				IGES TO OFFIC		DIRECTO	
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I. 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 12 if changed, or on an attachment with an address.

SIGNATURE:

MACHENIAN JACOLOM AW

4-12-97

407 768 2468