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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:57

DOCUMENT # J16931 (4)

1. Corporation Name
WATERS EDGE MARINA, INC.

Principal Place of Business	Mailing Address
743 NE 1 AVE P O BOX 807 BOYNTON BCH FL 33435 US	849 GENERAL BOOTH BLVD VIRGINIA BCH VA 23451 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26: 1120 Laskin Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28: Va Beach Va
Zip 24 / Country 25	Zip 29: 23451 / Country 30

3. Date Incorporated or Qualified: 05/30/1986
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2677033 ☐ 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

PILOTTE, FRANK T., ESQ.
% MURPHY REID PILOTTE & ROSS, P.A.
340 ROYAL PALM WAY
PALM BEACH FL 33480-2525

10. Name and Address of New Registered Agent

01 Name: Smith, Lawrence W
02 Street Address (P.O. Box Number is Not Acceptable): 701 US Hwy One
03: Suite 402
04 City: North Palm Beach FL 05 Zip Code: 33408

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: [signature] 2-13-95
(Signature of person named as registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCIA, EDWARD S.
STREET ADDRESS	~~849 GENERAL BOOTH BLVD~~
CITY-ST-ZIP	VIRGINIA BEACH VA
TITLE	S
NAME	KILMA, ANDREA
STREET ADDRESS	~~849 GENERAL BOOTH BLVD~~
CITY-ST-ZIP	VIRGINIA BEACH VA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition	
12 NAME		
13 STREET ADDRESS	1120 Laskin Rd.	
14 CITY-ST-ZIP		
21 TITLE	☐ Change ☐ Addition	
22 NAME		
23 STREET ADDRESS	1120 Laskin Rd.	
24 CITY-ST-ZIP		
31 TITLE	☐ Change ☐ Addition	
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	☐ Change ☐ Addition	
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	☐ Change ☐ Addition	
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	☐ Change ☐ Addition	
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I/We 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 above, or on an attachment with an address.

SIGNATURE: [signature] Treas 1/25/95 804 4223075
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #