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 MAR 24 PM 1:57

DOCUMENT # J18123 (6)

1. Corporation Name
MARCO BEACH REALTY, INC.

Principal Place of Business	Mailing Address
900 N. COLLIER RD. P.O. BOX 8088 MARCO ISLAND FL 33969	900 N. COLLIER RD. P.O. BOX 8088 MARCO ISLAND FL 33969 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/06/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2688463 ☐ 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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

JACK ANTARAMIAN
900 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	MALLOY, WILLIAM T	1.2 NAME	
STREET ADDRESS	828 HIDEAWAY CIR E 417	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	☐ Change ☐ Addition
NAME	ANTARAMIAN, JACK J.	2.2 NAME	
STREET ADDRESS	3725 FT. CHARLES DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	SHULKIN, MARTIN	3.2 NAME	
STREET ADDRESS	23 COUNTRY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON MA	3.4 CITY-ST-ZIP	
TITLE	EVD	4.1 TITLE	☐ Change ☐ Addition
NAME	NASSIF, DAVID E.	4.2 NAME	
STREET ADDRESS	51 SCOTCH PINE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	V ☐ Change ☐ Addition
NAME		5.2 NAME	KOCOUREK, DAVID A.
STREET ADDRESS		5.3 STREET ADDRESS	1170 CARA COURT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MARCO ISLAND, FL 33937
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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] 3/13/95 915-434-0640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0328211 CP