

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J18123** (6)

1. Corporation Name  
**MARCO BEACH REALTY, INC.**



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

Mailing Address  
**900 N. COLLIER RD.  
P.O. BOX 8088  
MARCO ISLAND FL 33969  
US**

3. Date Incorporated or Qualified **06/06/1986** 3a. Date of Last Report **03/24/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2688463** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**JACK ANTARAMIAN  
900 NORTH COLLIER BLVD.  
MARCO ISLAND FL 33937**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>MALLOY, WILLIAM T</b>	
STREET ADDRESS	<b>828 HIDEAWAY CIR E 417</b>	
CITY - ST - ZIP	<b>MARCO ISLAND FL</b>	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	<b>ANTARAMIAN, JACK J.</b>	
STREET ADDRESS	<b>3725 FT. CHARLES DR.</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	<b>SHULKIN, MARTIN</b>	
STREET ADDRESS	<b>23 COUNTRY DR.</b>	
CITY - ST - ZIP	<b>WESTON MA</b>	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	<b>NASSIF, DAVID E.</b>	
STREET ADDRESS	<b>51 SCOTCH PINE RD</b>	
CITY - ST - ZIP	<b>WELLESLEY MA</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>KOCOUREK, DAVID A</b>	
STREET ADDRESS	<b>1170 CARA COURT</b>	
CITY - ST - ZIP	<b>MARCO ISLAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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: *William T. Malloy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

941 394-2505

Daytime Phone #

CR2E034 (12/95)