

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J18123** (6)
1. Corporation Name
MARCO BEACH REALTY, INC.

Principal Place of Business 900 N COLLIER BLVD MARCO ISLAND FL 34145 US	Mailing Address 900 N COLLIER BLVD MARCO ISLAND FL 34145 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1986	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2688463		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent JACK ANTARAMIAN 900 NORTH COLLIER BLVD. MARCO ISLAND FL 34145				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCOUREK, DAVID A	5.2 NAME	
STREET ADDRESS	1170 CARA COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITHERS, ROGER D	6.2 NAME	
STREET ADDRESS	90 SEAGATE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

14. I 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 13 if changed, or on an attachment with an address.

SIGNATURE: *William T Malloy*

CR2E034 (10/97)