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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90043 016 \*\*\*150.00

DOCUMENT # J18123

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1986

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

TITLE V ☐ DELETE

NAME MALLOY, WILLIAM T  
STREET ADDRESS 828 HIDEAWAY CIR E 417  
CITY-ST-ZIP MARCO ISLAND FL

TITLE PTD ☐ DELETE

NAME ANTARAMIAN, JACK J.  
STREET ADDRESS 3725 FT. CHARLES DR.  
CITY-ST-ZIP NAPLES FL

TITLE AS ☐ DELETE

NAME SHULKIN, MARTIN  
STREET ADDRESS 23 COUNTRY DR.  
CITY-ST-ZIP WESTON MA

TITLE EVD ☐ DELETE

NAME NASSIF, DAVID E.  
STREET ADDRESS 51 SCOTCH PINE RD  
CITY-ST-ZIP WELLESLEY MA

TITLE V ☐ DELETE

NAME KOCOUREK, DAVID A  
STREET ADDRESS 1170 CARA COURT  
CITY-ST-ZIP MARCO ISLAND FL

TITLE V ☐ DELETE

NAME WITHERS, ROGER D  
STREET ADDRESS 90 SEAGATE DR  
CITY-ST-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 776 Eagle Creek Drive, #301  
1.4 CITY-ST-ZIP Naples, FL 34113

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS 1790 Maywood Court  
6.4 CITY-ST-ZIP Marco Island, FL 34145

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, with all other like empowered.

SIGNATURE:

*William T. Malloy*

William T. Malloy

Vice President

1/20/99

(941) 394-2505

Date

Daytime Phone #

CR2E034 (11/98)