
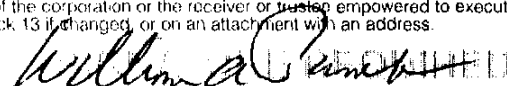


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J19517 (8)					
1. Corporation Name CEDAR CREEK MARINA, INC.					
Principal Place of Business D/B/A LIGHTHOUSE MARINE 5434 SAN JUAN AVENUE JACKSONVILLE FL 32210			Mailing Address D/B/A LIGHTHOUSE MARINE 5434 SAN JUAN AVENUE JACKSONVILLE FL 32210-3144		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/16/1986	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 06/13/1996	
22. City & State		27. City & State		4. FEI Number 59-2708337	
23. Zip		28. Zip		Applied For <input type="checkbox"/> Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BRODY, HOWARD W. 8522 ALDERWOOD CT. JACKSONVILLE FL 32244				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	BRODY, HOWARD W.				
STREET ADDRESS	8522 ALDERWOOD CT.				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	DAVIS-BRODY, VICKI				
STREET ADDRESS	8522 ALDERWOOD CT.				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	JOHNSON, CURTIS L.				
STREET ADDRESS	7176 MATHEWS				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	POREMB, BARBARA A.				
STREET ADDRESS	957 ASPEN RIDGE CT				
CITY-ST-ZIP	ORANGE PARK FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	POREMB, WILLIAM A.				
STREET ADDRESS	957 ASPEN RIDGE CT				
CITY-ST-ZIP	ORANGE PARK FL				
TITLE	ASV	<input type="checkbox"/> DELETE			
NAME	WALDECK, MARSHALL				
STREET ADDRESS	8989 NORMANDY BLVD.				
CITY-ST-ZIP	JACKSONVILLE FL				
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:  4/5/97 (921) 354-6995					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)