

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

FILED  
Apr 03 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 # **J19517** (8)  
1. Corporation Name  
**CEDAR CREEK MARINA, INC.**

Principal Place of Business <b>D/B/A LIGHTHOUSE MARINE 5434 SAN JUAN AVENUE JACKSONVILLE FL 32210</b>	Mailing Address <b>D/B/A LIGHTHOUSE MARINE 5434 SAN JUAN AVENUE JACKSONVILLE FL 32210</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/16/1986</b>	
				4. FEI Number <b>59-2709337</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BRODY, HOWARD W. 8522 ALDERWOOD CT. JACKSONVILLE FL 32244</b>				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	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRODY, HOWARD W.</b>	1.2 NAME	
STREET ADDRESS	<b>8522 ALDERWOOD CT.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS-BRODY, VICKI</b>	2.2 NAME	
STREET ADDRESS	<b>8522 ALDERWOOD CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, CURTIS L.</b>	3.2 NAME	
STREET ADDRESS	<b>7176 MATHEWS</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POREMB, BARBARA A.</b>	4.2 NAME	
STREET ADDRESS	<b>957 ASPEN RIDGE CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POREMB, WILLIAM A.</b>	5.2 NAME	
STREET ADDRESS	<b>957 ASPEN RIDGE CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	5.4 CITY-ST-ZIP	
TITLE	ASV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALDECK, MARSHALL</b>	6.2 NAME	
STREET ADDRESS	<b>8989 NORMANDY BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	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 A. Poremba* **3/28/98 (REV) 384 6995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (10/97)