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

## PROFIT



PROFIT CORPORATION ANNUAL REPORT 1997			Sandra B. Mc Secretary of	ortham State	Apr 22 1997 8:00am Secretary of State		
DOCUMENT # J39964 (8)  1. Corporation Name MARINER'S WHARF, INC.							
Principal Place of Business 19220 SAN CARLOS BLVD. POST OFFICE BOX 2403 FT MYERS BEACH FL 33932		Mailing Addre 19220 SAN CAI POST OFFICE I FT MYERS BEA	RLOS BLVD.	03	3. Date Incorporated or Qualified 3a. Date of Last Report		
					10/15/1986	02/20/1996	
2. Principal P 21	Place of Business	28. Mailing Ad	Idress		4. FEI Number 59-2730939		plied For of Applicable
Suite, Apt.	# etc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired	\$8.75 A	Additional
City & Stat	$\epsilon$	City & Stal	te		6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be
Z(p)	Country	Zip	<u> </u>	Country	8. This corporation has liability for		-
24	25   9. Name and Address of Curre	29  nt Registered Agen	30   nt		Florida Statutes  10. Name and Address of New I	Yes No No Registered Agent	
Kastan, Nick 19220 San Carlos Blvd. Ft Myers Bch Fl 33931				82 Street Add	ress (P.O. Box Number is Not Accept	able)	
FIN	atens bun FL 33831			B3			
				84 City		B5 Zip C	Sode
11. Pursuant office or agent 1 a	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig Signature types or printed name of registered ag			ne above-named con inized by the corpora Statutes. istered Agent signature requ	poration submits this statement for the tition's board of directors. I hereby account and when reinstating	e purpose of changing its cept the appointment as	s registered registered
12.	OFFICERS AN	ND DIRECTORS		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	
TIBLE NAME	PT KASTAN, NICK	Ц		1.1 TITLE 1.2 NAME		L] Change	Addition
STREET ADDRESS	19220 SAN CARLOS BLVD. FT MYERS BCH FL			1.3 STREET ADDRESS			
THE	VS Kastan, Chris		DELETE	2.1 TITLE		Change	Addition
NAME STREET ADDRESS	6728 MAIN ST			2.2 NAME 2.3 Street address			İ
CITY-ST 70F	BUFFALO NY			2 4 CHTY-ST-ZIP			
TITLE			1	31 TITLE		☐ Change	Addition
NAME STREET ADDRESS	}			3.2 NAME 3.3 STREET ADDRESS			
CITY-SI-ZIP				3.4. CITY-ST-ZIP			
TIFLE			· I	41 TITLE		☐ Change	Addition
NAME STREET ADDRESS			•	4. 2 NAME 4.3 STREET ADDRESS			
CHY-S1-Zift				4.4 CITY-ST-ZIP			
TITLE			ľ	5.1 TITLE		☐ Change	Addition
NAME STREET ADDRESS I				5.2 NAME			
STREET ADDRESS   CHY-ST-ZIP				5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
TITLE				61 TITLE		Change	Addition
HAM:			1	6.2 NAME			
STREET ADDRESS		**	<b>'</b>	6.3 STREET ADDRESS			
CHY - \$1-ZIP 14. I do here!	by certify that the information supplie	ed with this filing do	s not qualify for	6.4 City-St-ZiP the exemption state	d in Section 119.07(3)(i), Florida Statu	ites. I further certify that	the
informatio Lam an c	on inclicated on this annual report of Micer or director of the corporation on In Block 12 or Block 13 if changed,	suppliernental annya or the receiver or trus	al réport is true a stée empowered	and accurate and that I to execute this sept	it my signature shall have the same le it as required by Chapter 607, Florida	gat effect as if made und a Statutes; and that my n	der oath; that lame

SIGNATURE: