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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

K19053

(3)

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SOMBRERO MARINA & DOCKSIDE LOUNGE, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business	Mailing Address	
35 SOMBRERO BLVD MARATHON FL 33050	35 SOMBRERO BLVD MARATHON FL 33050	

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FILED Jan 30 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

 Date Incorporated or Qualified 03/21/1988

65-0051065

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

VOIT, CAROLYN 35 SOMBRERO BLVD		81	Name	Name			
		82 Street Address (P.O. Box Number is Not Acceptable)					
M	IARATHON FL 33050	83	 -				
		"	Ì				
		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 utile if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
t2.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	WOT OLDOUGH	1,1 TITLE 1,2 NAME					
STREET ADDRESS	AT ACHEDOTES BUILD	_	ADDDECO				
	111517101111	1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		1.4 CiTY - ST- 2 2.1 TITLE		Change Addition			
NAME		2 NAME					
STREET ADDRESS	L-	2.3 STREET ADDRESS					
CITY-ST-ZIP	£ -	4 CITY-:					
TITLE		1 TITLE	51-ZIP	Change Addition			
NAME		3.2 NAME					
STREET ADDRESS	■	3.3 STREET ADDR					
CITY-ST-ZIP	.	3.4. CITY-ST-Z		'			
TITLE		1 TITLE	31-23	Change Addition			
NAME		2 NAME					
STREET ADDRESS	4	3 STREET	ADDRESS				
CiTY - ST - ZIP	I 4	4 CITY - S	T-ZiP				
TITLE		1 TITLE		Change Addition			
NAME	5	2 NAME		·]			
STREET ADDRESS	5	5.3 STREET ADDRESS					
CITY-ST-ZIP	₌ 5	5.4 CITY-S					
TIYLE	☐ DELETI: 6.	6.1 TITLE		Change Addition			
NAME	6.	6.2 NAME					
STREET ADDRESS	3	6.3 STREET ADDRESS					
CITY - ST - ZIP		4 CITY - S					
14 I hereby c	partify that the information symplicid with this filling does not gualify for the	evemn	tion state	ed in Section 119 07(3)(i) Florida Statutes I further certify that the information			

Country

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4. Thereby coming had the information supplied with this him 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:

Parolyin a Voit BEOUIRED

1-19-98 305-743-0000