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

PROFIT: CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90089 029 ***150.00

DOCUMENT # K51879

1. Corporation Name

PORT COVE MAINLAND MARINA, INC.

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÷ .	Principal Place of Business Mailing Address			-	i (Adilli) ent filer hadt fart lette sett albit eren albit
	1050 LUGO DR. CORAL GABLES FL 33156 US	1050 LUGO AVE. CORAL GABLES I US	FL 33156		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 12/16/1988	
	Principal Place of Business 1	2a. Mailing Address			4. FEI Number 65-0086983
	Suite, Apt. #, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired
	City & State	City & State			6. Election Campaign Financing S5 Trust Fund Contribution Ac
	Zip Country	Zip 29	30	intry	This corporation owes the current year Intangible Personal Property Tax.
	Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
	KOGER, ROBERT A. 1050 LUGO AVE. CORAL GABLES FL 33156			82 Str	reet Address (P.O. Box Number is Not Acceptable)
	00.000			83	

Applied For Not Applicable \$8.75 Additional

□No

Fee Required

\$5.00 May Be Added to Fees

☐ Yes

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KOGER, ROBERT A. 1050 LUGO AVE. CORAL GABLES FL 33156													
					82 Street Address (P.O. Box Number is Not Acceptable)								
			84	City		85	Zip Co	de					
			٦	City	FL	. 63	cip Co	140					
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 DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	S IN 12					
TITLE	PST .	DELETE	1.1 TITLE			☐ Cha	nge	Addition					
NAME	KOGER, ROBERT A.		1.2 NAME					i					
STREET ADDRESS	1050 LUGO AVE.	Î	1.3 STREE	TADDRESS				1					
CITY-ST-ZiP	CORAL GABLES FL		1.4 CITY-S	T-ZIP		_							
TITLE	ST	DELETE	2.1 TITLE			☐ Cha	nge	Addition					
NAME	KOGER, ROBERT A.		2.2 NAME										
STREET ADDRESS	1050 LUGO AVE.		2.3 STREE	ADDRESS		•		. 1					
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NAME	•		4. 2 NAME					}					
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CITY-ST-ZIP	·		4.4 CITY-S	Γ-ZiP									
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NAME			5.2 NAME										
STREET ADDRESS	· -	_	5.3 STREET	ADDRESS									
CITY-ST-ZIP			5.4 CITY-S	Γ- <i>Σ</i> ΙΡ									
TITLE	•	☐ DELETE	. 6.1 TITLE			☐ Char	ige	☐ Addition					
NAME			6.2 NAME										
STREET ADDRESS			6.3 STREET	ADDRESS	· · ·			ļ					

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 truetee 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP