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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L06722** **(7)**

1. Corporation Name
PIRATE'S COVE RESORT, INC.

Principal Place of Business	Mailing Address
4307 S.E. BAYVIEW ST PORT SALERNO FL 34992 US	PO BOX 1667 PORT SALERNO FL 34992

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/03/1989**
3a. Date of Last Report: **04/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2966502** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOPELOWITZ, HARVEY
750 SE THIRD AVE
SUITE 100
FT. LAUDERDALE FL 33316

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	IUE, TOSHIAKE	1.2 NAME	
STREET ADDRESS	18 KEIHAN-HONDORI	1.3 STREET ADDRESS	
CITY-ST-ZIP	MORINGUDHI, OSAKA,JAP	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	SUNAMURA, YASUHIDE	2.2 NAME	
STREET ADDRESS	SANPHO TRADING 169-1	2.3 STREET ADDRESS	
CITY-ST-ZIP	YOKOHAMA, JAPAN	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	CONNOLLY, MICHAEL J.	3.2 NAME	
STREET ADDRESS	34 HARBOR LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORWELL MA	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	BEALE, JALAINE	4.2 NAME	
STREET ADDRESS	4394 S.E. MULFORD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT SALERNO FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	GUERTIN, GARY W.	5.2 NAME	
STREET ADDRESS	1166 S.E. SAINT LUCIE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4-11-95 617-832-4056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael J. Connolly, Treasurer

0444861 FP