

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L06722 (7)

1. Corporation Name

PIRATE'S COVE RESORT, INC.



Principal Place of Business

4307 S.E. BAYVIEW ST  
PORT SALERNO FL 34982  
US

Mailing Address

PO BOX 1687  
PORT SALERNO FL 34992

3. Date Incorporated or Qualified  
08/03/1989

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

4. FEI Number

59-2966502

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 their applicable

(Print: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME IUE, TOSHIAKE  
STREET ADDRESS 18 KEIHAN-HONDORI  
CITY-ST-ZIP MORINGUDHI, OSAKA, JAP

TITLE DP ☐ DELETE

NAME SUNAMURA, YASUhide  
STREET ADDRESS SANPHO TRADING 169-1  
CITY-ST-ZIP YOKOHAMA, JAPAN

TITLE DT ☐ DELETE

NAME CONNOLLY, MICHAEL J.  
STREET ADDRESS 34 HARBOR LANE  
CITY-ST-ZIP NORWELL MA

TITLE S ☒ DELETE

NAME BEALE, JALAIN  
STREET ADDRESS 4394 S.E. MULFORD LANE  
CITY-ST-ZIP PORT SALERNO FL

TITLE V S ☐ DELETE

NAME GUERTIN, GARY W.  
STREET ADDRESS 1166 S.E. SAINT LUCIE BLVD  
CITY-ST-ZIP STUART FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☒ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☒ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

DT

CONNOLLY, MICHAEL J.  
46 I.S.C. MARINE GROUP, RT 139, P.O. Box 338  
GREEN HARBOR, MA 02041

V S

GUERTIN, GARY W.  
1166 S.E. SAINT LUCIE BLVD  
STUART FL 34992

D

HIDEKI YAMAGATA  
666 FIFTH AVE 35TH FLOOR  
NEW YORK, NY 10103

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE/TIME

CR2E034 (12/95)