

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
4307 S.E. BAYVIEW ST
STUART FL 34997
US

Mailing Address
4307 SE BAYVIEW ST
STUART FL 34997
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/03/1989

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-2966502

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE T ☐ Change ☒ Addition
1.2 NAME SERRARER, SHARON
1.3 STREET ADDRESS 410 CLARIDGE HOTEL 1244 N. DEARBORN PARKWAY
1.4 CITY-ST-ZIP CHICAGO, IL 60610

TITLE ☐ DELETE
NAME DT
STREET ADDRESS CONNOLLY, MICHAEL J.
CITY-ST-ZIP C/O ISC MARINE GROUP, RT 139, P.O. BOX 338
GREEN HARBOR MA

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME CONNOLLY, MICHAEL J.
2.3 STREET ADDRESS C/O ISC MARINE GROUP RT 139, P.O. Box 338
2.4 CITY-ST-ZIP GREEN HARBOR, MA 02041

TITLE ☐ DELETE
NAME VS
STREET ADDRESS QUERTIN, GARY W.
CITY-ST-ZIP 1166 S.E. SAINT LUCIE BLVD
STUART FL

3.1 TITLE DV ☐ Change ☒ Addition
3.2 NAME SOBATA, KATSUHIRO
3.3 STREET ADDRESS 169-1 KARIBA-CHO HODOGAYA-KU
3.4 CITY-ST-ZIP YOKOHAMA, JAPAN

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME IJIMA, HIDEYAKA
4.3 STREET ADDRESS 900 N. ARLINGTON HEIGHTS RD SUITE 300
4.4 CITY-ST-ZIP DEASCA, IL 60143-2844

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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]

4/21/98

CR2E034 (10/97)