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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name L13836

MARINA RETIREMENT SERVICES, INC.

(6)

Mating Address

FILED May 09 1996 8:00 am Secretary of State



Principal Flace	OF Exton 1000	mailing Addition								
906 BEACHL/ VERO BEACH		P O BOX 3607 VERO BEAHC FL 3296 US	3				1.2			
		00				3. Date Incorporated or Qualified 09/01/1989	3a. [Date of Last I 06/23/19	•	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For		
21		26			65-0139187			Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-1			5. Certificate of Status Desired	[]		5 Additional Required	
City & State		City & State	State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 24	Country Zip Country Zip Country 29 30			ıntry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
1	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New F	tegister	ed Agent		
				81	Name					
	VEROLA, VICTOR				Street Addr	street Address (P.O. Box Number is Not Acceptable)				
	ACHLAND BLVD.									
VERO B	BEACH FL 32963			83						
				84	,			- L.	Zip Code	
11. Pursuant 1	to the provisions of Sections 607.050	2 anci 607.1508, Florida Statut	es, the abo	OVE-I	named corpor	ration submits this statement for the purid of directors. Thereby accept the app	rpose of	changing its	registered officed agent. Lam	
familiar wi	th, and accept the obligations of, Sec	tion 607,0505, Florida Stalutes	3.	OOI F	ASTERIOR TO EXOCU					
SIGNATURE	Victor Verola			an e	· ; · · · · · · · · · · · · · · · · · ·	5/2/9	/D FIAT			
12.	Signature, byted or printed name of registered agent	tand stir it applicable (NS ID DIRECTORS	13.	J Aga	nt signature requiro	ADDITIONS/CHANGES TO OFF			ORS IN 12	
TITLE	DP CAROLING AN	DELETE	1.11	 Hitif	···T			Change		
NAME	VEROLA, VICTOR		1.2 N							
STREET ADDRESS	906 BEACHLAND BLVD.		1.3 S	TREET	I ADDRESS					
CITY-ST-ZIP	VERO BEACH FL		1,4 C	HY-S	ST-ZIP					
TITLE	DVS	DELETE		2 1 THTLE				Change	Addition	
NAME	VEROLA, MARINA E.		22 N							
STREET ADDRESS	906 BEACHLAND BLVD.				T ADDRESS					
CITY-ST-ZIP	VERO BEACH FL	DELFTE	3 11		ST-ZIP			Changi	Addition	
TITLE	VEROLA, MARINA E.	[] better	3 1 I						<u></u>	
NAME STREET ADDRESS	906 BEACHLAND BLVD.				T ADDRESS					
CITY-ST-ZIP	VERO BEACH FL				ST-ZIP					
TITLE		DELETE	4.13					Chang	Addition	
NAME			4.2 N	NAME						
STREET ADDRESS					1 ADDRESS					
CITY - ST - ZIP		F''S EFE FTC			S1-7/P			☐ Chang	e [] Addition	
TITLE		DELETE		TITLE				LJ chang	· FT Vogition	
NAME				NAME STOCK	T ADDRESS					
STREET ADDRESS			B .		S1-ZIP					
CATY-ST-ZIP THTLE		DELETE		TILLE				Chang	e [] Addition	
NAME.		L.J		NAME						
STREET ADDRESS			639	STREE	1 ADDRESS					
CITY - ST - ZIP			640	CITY -	ST - ZIF					
14 Ldo berel	by certify that the information supplied	with this filing is voluntarily fur	nished and	do	es not qualify	for the exemption stated in Section 119	9.07(3)(k), Florida Sta	tutes. I further	

ruo mereby certify that the information supplied with this limit is voluntarily furnished and does not quality for the exemption stated in Section 1.19.0/G/kg, Florida Statutes. Further certify that the information indicated on this annual report of the comporation of the comporation of the comporation of the receiver or trusted empowered to execute this report as required by Chipter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an an attachment with an address.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR