


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

FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L50124 (1) 1. Corporation Name ISLAND MARINA, INC.			
Principal Place of Business 28000 SPANISH WELLS DRIVE P. O. BOX 2288 BONITA SPRINGS FL 33959 US		Mailing Address 28000 SPANISH WELL DRIVE P. O. BOX 2288 BONITA SPRINGS FL 34133-2288 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 02/08/1990		3a. Date of Last Report 01/26/1996	
4. FEI Number 36-3716584		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent JOHNSON, KENNETH 3174 E TAMiami TRAIL NAPLES FL 33394		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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	
NAME	MCARDLE, EDWARD J.		
STREET ADDRESS	5101 CAROLINE		
CITY-ST-ZIP	HOUSTON TX		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	MCARDLE, DAVID A.		
STREET ADDRESS	4051 E. MAIN STREET		
CITY-ST-ZIP	ST. CHARLES IL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	KELLY, THOMAS J.		
STREET ADDRESS	4051 E. MAIN STREET		
CITY-ST-ZIP	ST. CHARLES IL		
TITLE	V	<input checked="" type="checkbox"/> DELETE	
NAME	KEPLEY, RICHARD		
STREET ADDRESS	28000 SPANISH WELLS BLVD		
CITY-ST-ZIP	BONITA SPRINGS FL		
TITLE	AS	<input type="checkbox"/> DELETE	
NAME	CRAWFORD, J. STEPHEN		
STREET ADDRESS	5129 CASTELLO DRIVE SUITE 1		
CITY-ST-ZIP	NAPLES FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.2 NAME	PATE, STEPHEN		
6.3 STREET ADDRESS	28000 Spanish Wells Blvd.		
6.4 CITY-ST-ZIP	Bonita Springs, FL 34135-6801		

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

1/7/97

(630) 584-6580

Date

Daytime Phone

CR2E034 (9/96)