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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L57599

MARINA MIKE'S, INC.

(7)

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FILED Apr 24 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 19254 US 41 SOUTH 19254 US 41 SOUTH FT. MYERS FL 33906 FT. MYERS FL 33906-4801					
				3. Date Incorporated or Qualifie 03/12/1990	3a. Date of Last Report 02/21/1996
· ·	Place of Business	2a. Mailing Address		4. FEI Number 65-0183277	Applied For
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	Not Applicable \$8.75 Additional
22 City & St	ate	City & State		Election Campaign Financing	Fee Required \$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes	Yes No
	9, Name and Address of Curr	rent Registered Agent	ad N	10. Name and Address of New	Registered Agent
21	IRPHY, GARY L FIRST ST INITA SPRINGS FL 33923		83	ddress (P.O. Box Number is Not Accep	
			84 City		EL 85 Zip Code
office o agent. SIGNATURE	ir registored agent, or both, in the St am familiar with, and accept the ob Signerize types or proved name of registered	ate of Florida. Such change wa digations of, Section 607.0505,	as authorized by the corpo Florida Statutes. NOTE: Registered Agent signature re		DATE FICERS AND DIRECTORS IN 12
12.	P	DELETE	13.	ADDITIONS/CHANGES TO OF	Change Addition
NAME	MURPHY, GARY L		1,2 NAME		
STREET ADDRESS	AL PIRAT AT		1.3 STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS FL		1.4 CITY+ST-ZIP		
TITLE	S	☐ D£LETE	2.1 TITLE		Change Addition
NAME	MURPHY, DIANE S 5 21 FIRST ST		2.2 NAME		
STREET ADDRESS	BONITA SPRINGS FL		2.3 STREET ADDRESS		
CITY-SI-ZIP	V	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	MURPHY, MICHAEL V		32 NAME		•
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - \$1 - 200	BONITA SPRINGS FL		3.4. CITY-ST-ZIP		
1016		DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
C-TY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORES	s		5.3 STREET ADDRESS		
CITY-ST-ZIP		T BOLETE	5.4 CITY-ST-ZIP		Dharma Laures-
THILE		DELETE	6.1 TITLE		Change Addition
NAME STREET ADORESS		<i>_</i>	6.2 NAME 6.3 STREET ADDRESS		
STREET WORKES	"		0.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing does not qualify no the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is up 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 of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if oranged, a covariate with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-267-0725