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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L57599

MARINA MIKE'S, INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90034 009 ***150.00



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Principal Place of Business Mailing Address							· #1811 91811 BI	
19254 US 41 SOUTH 19300 SOUTH US 41 19254 US 41 SOUTH 19300 SOUTH US 4						'		
FT. MYERS FL 33908 FT. MYERS FL 33908						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
								ľ
0.00	Land Barrier	20 Mailing Address				03/12/1990 4. FEI Number		Applied For
— ·	lace of Business	2a. Mailing Address			Applied For Not Applicable			
21	# ***		Suite, Apt. #, etc.		65-0183277	\$9.7	5 Additional	
			HG.			5. Certificate of Status Desired	• -	Required
City & Chart		City & State				0 51 - 6 - 0 i i		`
City & Stat	e	⊢ •	<u> </u>			6. Election Campaign Financing Trust Fund Contribution	•	00 May Be ed to Fees
Zip	Country		Zip Country					ed (0 1 ecs
		— <u> </u>	30	- '		This corporation owes the current year Personal Property Tax.	⊓ Yes	□No
24	9. Name and Address of Curr	29 ant Pagistered Agent	[30]	Т		10. Name and Address of New Registere		
	5. Name and Address of Curr	ent Negistered Agent		81	Name	To. Hame and Floureds of New Hogisters	a rigoin	
MUR	PHY, GARY L							
21 FIRST ST				82	Street Address (P.O. Box Number is Not Acceptable)			
BONITA SPRINGS FL 33923				83				
50,0	OF THITGO T E GODES			03				ľ
				84	City	F	85 Z	ip Code
44 Diversional	to the provisions of Sections 607.0	602 and 607 1509 Florida Stat	utoc the a	L boye	a-namod cor	poration submits this statement for the purpose		its registered
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was	authorized	d by	the corporat	tion's board of directors. I hereby accept the app	iointment as	s registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Stat	utes.	•			
SIGNATURE			TO 0			red when reinstating) DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registropic Signature, typed or printed name of registered agent and title if applicable.			Agen	t signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIREC	CTORS IN 12
TITLE	P	DELETE	1.1 71	n F	$\overline{}$	7,00111011010101111101110111011101110111	Chan	
	MURPHY, GARY L]
NAME	21 FIRST ST			1.3 STREET ADDRESS				1
STREET ADDRESS								
CITY-ST-ZIP	BONITA SPRINGS FL	- Delete		TY-S1	r-ZIP		☐ Chan	ge Addition
TITLE	S DUDGU DUDGE	☐ DELETÉ	2.1 17		ļ		∐ Cilari	ge 🗀 Additon
NAME	MURPHY, DIANE S		2.2 NAME		}			1
STREET ADDRESS	21 FIRST ST		2.3 5	REET	ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL			ITY-S	T-ZIP			=
TITLE	_ ·		3.1 Tf	TLE			Chan	ge 🗌 Addition
NAME	MURPHY, MICHAEL V		3.2 N	AME				
STREET ADDRESS	21 FIRST ST		3.3 \$7	TREET	ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL 34.0		ITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 ∏	TLE		· · · · · · · · · · · · · · · · · · ·	Chan	ge Addition
NAME			4.2N	AME				
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TITLE		☐ DELETE	5 1 TI				Chan	ge Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET	ADDRESS			
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TITLE		☐ DELETE	6.1 TI				Chan	ge Addition
	}		6.2 N	AME	}			_
NAME					ADDRESS			•
STREET ADDRESS				TY-ST				
CITY_ST_2IP			■ 04 U	11 01	* a.IF			

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, with all other like empowered.

SIGNATURE;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-89 Date 267-6725 Davime Phone # CR2E034 (11/98)