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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 PM 3:37

DOCUMENT # M33627 (4)

1. Corporation Name
BILLFISH MARINA ONE, INC.

Principal Place of Business	Mailing Address
C/O GEORGE M. IRVINE JR 2955 W STATE ROAD #84 FT LAUDERDALE FL 33312-7701	C/O GEORGE M. IRVINE JR 2955 W STATE ROAD #84 FT LAUDERDALE FL 33312-7701

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 06/13/1986
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-2682934 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

IRVINE, GEORGE M. JR
2955 W STATE ROAD
#84
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name: IRVINE, GEORGE M. JR.
82 Street Address (P.O. Box Number is Not Acceptable): 2965 W. ST. RD. 84
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33312

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: George M Irvine JR 2-10-95
Signature, Name (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	DCP	1.1 TITLE	DC	☒ Change ☐ Addition
NAME	IRVINE, GEORGE M. JR	1.2 NAME		
STREET ADDRESS	2955 W STATE RD 84	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	S	☒ Change ☐ Addition
NAME	IRVINE,JOAN M.	2.2 NAME		
STREET ADDRESS	2965 W STATE RD 84	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT.LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	COLLER, SCOT M	3.2 NAME		
STREET ADDRESS	2965 W STATE RD 84	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Scot M. Coller 2-1-95 305-587-7400
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0220423 CP