

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Apr 17 1996 8:00 am  
Secretary of State

DOCUMENT # M78178 (4)

1. Corporation Name

POINT MARCO DEVELOPMENT CORPORATION



Principal Place of Business

405 FIFTH AVE. SOUTH # 6  
938 FALMOUTH DR.  
NAPLES FL 33940

Mailing Address

405 FIFTH AVE. SOUTH # 6  
938 FALMOUTH DR.  
NAPLES FL 33940

3. Date Incorporated or Qualified  
04/27/1988

3a. Date of Last Report  
03/16/1995

2. Principal Place of Business

21 405 5th Ave. So.

2a. Mailing Address

26 405 5th Ave. So.

4. FEI Number

58-1793493

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 6

Suite, Apt. #, etc.

27 Suite 6

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 Naples, FL

City & State

28 Naples, FL

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Zip

24 33940

Country

25 USA

Zip

29 33940

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANTARAMIAN, JACK  
900 NO COLLIER BLVD  
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name

JACK ANTARAMIAN

82 Street Address (P.O. Box Number is Not Acceptable)

405 5th Avenue South

83

Suite 6

84 City

Naples

FL

85

Zip Code

33940

11. Pursuant to the provisions of Sections 607.0102 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

*[Signature]*

JACK J. ANTARAMIAN

1/31/96

Signature of printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ANTARAMIAN, JACK J.  
STREET ADDRESS 3725 FORT CHARLES DR.  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME NASSIE DAVID E.  
STREET ADDRESS 51 SCOTCH PINE ROAD  
CITY-ST-ZIP WELLESLEY MA 02181

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 (941) 434-0600  
Date Daytime Phone #

CR2E034 (12/95)