FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90060 004 ****61.25

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DOCUMENT # **N94000001280**

1. Corporation Name
MALABAR MARINERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 500028 MALABAR FL 32950-0028	POST OFFICE BOX 500028 MALABAR FL 32950-0028

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/11/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3244110 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CATTERTON, A V JR. 1990 WEST NEW HAVEN AVENUE STE. 104 MELBOURNE FL 32904	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	PIERCE, DALE		1.2 NAME	L.O. Rexrodes	
STREET ADDRESS	2504 RIVERVIEW DR.		1.3 STREET ADDRESS	164 Plover Lane	
CITY-ST-ZIP	MELBOURNE FL 32901		1.4 CITY-ST-ZIP	~~Melbourne~~ Rockledge Fla 32955	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	ALAZRAKI, PAT		2.2 NAME	Donald Krieger	
STREET ADDRESS	7220 BLUE SHORE RD		2.3 STREET ADDRESS	2345 Lineberry Lane	
CITY-ST-ZIP	GRANT FL		2.4 CITY-ST-ZIP	Malabar. Florida 32950	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARCLAY, MIGDALIA I		3.2 NAME		
STREET ADDRESS	591 DI LIDO ST. N.E.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, 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: M Barclay SIGNATURE REQUIRED — 12 Jan 99 — 723-4243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #