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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P25533

(1)

MARINA CAFE, INC.

Principal Place of Business	Mailing Address

FILED Apr 18 1996 8:00 am Secretary of State



404 HIGHWAY DESTIN FL 32		P.O. BOX B19 Destin FL 325404	0819		3. Date Incorporated or Qualified 08/07/1989	3a. Date of Last Report 04/04/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4, FEI Number	Applied For
1		26			59-2960972	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
3	Country	28	Coun	try	8. This corporation has liability for	intangible tax under s 199.032,
Ζιρ 4	25	29	30	•	Florida Statutes Yes	□ No
<u>'</u>	g. Name and Address of Curre	L			10. Name and Address of New F	Registered Agent
			ļ	81 Name		
FLEET, I	H. BART		ţ	82 Street Addr	ess (P.O. Box Number is Not Acceptate	ole)
	LIN PARKWAY			B3		
	AR FL 32579			BJ		
			ļ	84 City		FL 85 Zip Code
		20 - 1007 1500 Florido Pt	atitos the abou	e-pamed corpor	ration's ubmits this statement for the pured of directors. I hereby accept the app	roose of changing its registered offic
S'GNATURE.	Signature, typind or printed manic of registerial ago OFFICERS Al	ND DIRECTORS	13.	Agentsejuatira (expile	ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTORS IN 12 Charge III Addition
THEF	PSTD	DELETE	1 1 TI	TL E		☐ Change ☐ Addition
NAME	ALTAMURA, JAMES M.		1.2 NA	ME		
STHEET ADDRESS	404 HIGHWAY 98 EAST		1	REET ADDRESS		
CITY - S1 - ZIF	DESTIN FL	DELFTE	2 1 7	TV - ST - ZIP		Change Addition
TITLE	VPO		2 2 NA			
NAM:	CREEHAN, TIMOTHY 404 HIGHWAY 98 EAST			REET ADDRESS		
STREET ADDRESS	DESTIN FL		1	TY-ST-ZIP		
CITY - ST - ZIP TITLE	DEVIINIE	DELETE		_		Change Addition
NAME			32 N/	AME		
STREET ADDRESS				TREE1 ADDRESS		
CITY - ST - ZIP		DELETE	~	TY-ST-ZIP		Change Addition
THE			4 1) 4 2 N:	1		_
NAME ALICE LICENSES				THEET ADDRESS		
STHEET ADDRESS CITY+ST-ZIP				TY-ST-ZIP		
TILE		DELETE				☐] Change ☐ Addition
NAME			5 2 N	AMF		
STREET ADDRESS				TREET ADDRESS		
C:1Y-S1-7!P		Decem		11Y-\$1-ZIP		☐ Change ☐ Addition
1)* (F		☐ DELETE				C1
NAME			62 N	AM: THEET ADDRESS		
STREET ADDRESS			640	1TV ST 710		
CHY-S1-ZIP		which the flips is volunted	ly furnished and	does not pualfy	for the exemption stated in Section 11	9.07(3)(k), Florida Statutes. I further

4. Lide hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in voluntarily for the exemption stated in voluntarily for the exemption 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 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 certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and accurate and true my signature shall have the same legal effect as if made under 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 certify that the information indicated on this annual report or supplemental annual report is true and accurate and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or true that my signature shall have the same legal effect as if made under certify the information indicated and information indicat

CICNATUDE

NATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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