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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

Apr 24 1998 8:00am Secretary of State

**FILED** 

	DIVISION OF C	OHPOHATIONS		
DOCUMENT # P25533 1. Corporation Name MARINA CAFE, INC.	(1)			
Principal Place of Business	Mailing Address			nij debat dinas Ethii Asbat inki
404 HIGHWAY 98 EAST	P.O. BOX 819			
DESTIN FL 32541	DESTIN FL 32540-0819		DO NOT WRITE IN TUR	0.00405
			DO NOT WRITE IN THE  3. Date Incorporated or Qualified	S SPACE
			08/07/1989	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2960972	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State			Fee Required
<b></b>	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the co	
24 25	<u></u>	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current		<del></del>	10. Name and Address of New Registere	
FLEET, H. BART		B1 Name		
1201 EGLIN PARKWAY		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SHALIMAR FL 32579				
		83		ļ
		84 City		85 Zip Code
			F	L     i
<ol> <li>Pursuant to the provisions of Sections 607 0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat</li> </ol>	and 607.1508, Florida Statute I Florida. Such change was au	s, the above-named cor uthorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ag	of changing its registered   opointment as registered
agent. I am familiar with, and accept the obligat	ions of Section 607. <b>0505</b> , Flor	ida Statutes		
	·	.ca Biatatoo		
SIGNATURE				
SIGNATURE Signature, typed or printed name of legistered agent  12. OF FICERS AND	and tile if applicable (NOTE:	Registered Agent signature requ		
Signature, typed or printed have of registered agent  12. OF FICERS AND  TITLE PSID	and tile if applicable (NOTE:	Registered Agent signature requ	ured when reinstating) DATE	
Signature, typed or printed have of registered agent  12. OFFICERS AND  TITLE PSTD  ALTAMURA, JAMES M.	and title if applicable (NOTE:	Registered Agent signature requ	ured when reinstating) DATE	ND DIRECTORS IN 12
12. OFFICERS AND  TITLE PSTD  ALTAMURA, JAMES M.  STREET ADDRESS 404 HIGHWAY 98 EAST	and title if applicable (NOTE:	Registered Agent signature required 13.	ured when reinstating) DATE	ND DIRECTORS IN 12
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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 it changed, or or in sugar-ment with an address.

SIGNATURE: