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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P93000067353 (1)

Mailing Address

KEY WEST OCEANSIDE MARINA, INC.

FILED Apr 14 1997 8:00am Secretary of State

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STOCK ISLAND KEY WEST FL		5950 PENINSULA AVE. STOCK ISLAND KEY WEST FL 33040-809:	,		3. Date Incorporated or Qualified 09/22/1993	3a. Date	e o! Last 8/1996	•
2. Principal P	lace of Business	2a, Mailing Address		191	4. FEI Number	1 001 1		Applied For
1 SA	ME	26 5Em	€_		65-0442387			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.					\$8.75	Additional
2		27			5. Certificate of Status Desired	ш		Required
City & State	G	City & State			6. Election Campaign Financing			0 May Be
3		28	1		Trust Fund Contribution			d to Fees
Zip ™1	Country	Zφ	Country	Y	8. This corporation has liability for in			s. 199.032,
4	25	29	30	<u> </u>		res 🗀		
	9. Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New Reg	gistered A	gent	
	KER DOUGLAS G.		••	Name	•			
	O PENINSULA AVE. ICK ISLAND		82	Street Add	dress (P.O. Box Number is Not Acceptab	ele)		
	WEST FL 33040		83			····		
1121	1120: 12 00010		<u></u>				Tau 1 =	
			84	City		FL	85 Zi	p Code
IGNATURE	Signature, type don printed name of registered	agent and title if applicable (NC	IE Registered Ag	ent signature requ	uired when reinstating)	DATE		
2.	OFFICERS.	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12
	P	AND DIRECTORS DELETE	13. 1.1 TITLE			ERS AND	DIRECTO Change	
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L. I do hereby cert by 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-97

35-24U-4676 Daytma Phone #