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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 05 1997 8:00am

Secretary of State

401-1011

Sandrawd. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000076903 (2)

MARINA COVE LANDINGS, INC.

						1 1 1 1 1 1 1 1 1				
Principal Place of Business Mailing Address										
150 MAGNOLIA AVE. PO BOX 2615										
DAYTONA B	BEACH FL 32114	PALM BOH FL 33480-26	15							
		us				3. Date Incorporated	or Qualified	3a. Date of	Last Ro	aporl
						11/05/1993		05/01/1		SPS.
2. Principa	2. Principal Place of Business 2a. Mailing Address					4. FEI Number		1		plied For
21	26					05 045000			l Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 A			Additional	
22				• Germic			us Desired		ee Re	quired
:	City & State City & State					6. Election Campaign Financing \$5.00 May Be			May Be	
23	28					Trust Fund Contri	oution		dded t	o Fees
Zip	Country Zip		Cou	ntry		8. This corporation t	· · ·		nder s.	199.032,
24	[25]	[29]	30			Florida Statutes		Yes ∐ No		
	9. Name and Address of Currer			04	N	10. Name and Addre	ss of New Rec	gistered Agent		
	ALMETTO CHARTER SERVICES IN	IC.	J	B1	Name					
	50 MAGNOLIA AVE.		}	62	Street Add	ress (P.O. Box Number is	Not Acceptab	le)		
™ D/	AYTONA BEACH FL 32114		ļ	_						
				В3						
			ŀ	B4	City			 85	Zip C	Code
					,				'	
	nt to the provisions of Sections 607.050 or registered agent, or both, in the State I am familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorized Florida Stat	d by utes	the corpora i.	tion's board of directors.	I hereby accep	t the appointment	ent as	registered
SIONATURI	Signature, typed or printed name of registered age	and and title if applicable (NC	III.: Begisteres	Age	nt signature requ	ired when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHAN	GES TO OFFICE	ERS AND DIRE	CTOR	S IN 12
TITLE	PD	☐ DELETE				PD		X C		Addition
NAME	COLEMAN, DENIS P JR		1.2 NA	1.2 NAME		COLEMAN D	ENIS P	IR		
STREET ADDRES	s PO BOX 2615		1.3 ST	1.3 STREET ADDRESS		PALM BL	LETON	AVENU	E	
CITY-ST-ZIP	PALM BCH. FL 33480	PALM BCH. FL 33480		Y-S	i - ZiP	PALM BL	EACH F	L 334	80	
TITLE	STD					Chan				Addition
,-RAME	ANDERSON, THOMAS		2.2 NAME							
STREET ADDRES	s 31 ROEBLING RD.		2.3 STREET AC		ADDRESS					
CITY-ST-ZIP	BERNARDSVILLE NJ 07924		2 4 CHY-ST-ZIP		ST-ZIP					
TITLE		DELETE		3.1 TIYLE				C	nange	Addition
NAME	•		3.2 NA	ME	1					
STREET ADDRES	es		3.3 \$1	REE1	ADDRESS					
CITY-ST-ZIP			3.4. CI	TY-S	S1- 2IP					
TITLE				4.1 TiTLE				CI	nange	Addition
NAME	*		4. 2 N/	ME						
STREET ADDRES	s		4.3 ST	REET	ADDRESS					
CITY-ST-ZIP	1		4.4 CH		J			,		
TITLE		DELETE	5.1 1IT		-			<i>[</i> □ 0	nange	Addition
NAME			5.2 NA		ĺ			// / //	_/	, _
STREET ADDRESS	s l				ADDRESS		1	1/0/5	10	?/)
CITY-ST-ZIP			5.4 CIT				SI) 4 4	//	×
TITLE		DELETE	6,1 TII						hange	Addition
NAME		—	6.2 NA		ĺ	2000	0220			
STREET ADDRESS	s		B		ADDRESS	-06/11/	970110	19047		
CITY-ST-ZIP	~		6.4 CIT			***165.				
0111-01-11	1		■ 0.4 UI		1.541	and the second of				

vormation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the same legal effect as if made under oath; that the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the hinformation indicated on trist I am an officer or director of appears in Block 12 or Block