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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sangra B. Mortham 🦯

Secretary of Starr

DIVISION OF CORPORATIONS

1996

P94000023649 (4) **DOCUMENT #** 1. Corporation Name

D. & S. MARINE FUN, INC.

Principal Place of Business Mailing Address



570 SOUTH ORMOND BE		570 SOUTH YONGE STREET ORMOND BEACH FL 32174									
							 Date Incorporated or C 03/23/1994 		3a. Date of	7/27/19	995
2. Principal Plac	e of Business	2a. Mailing Ac	Idress				4. FFI Number	£7-32	41694	* A	pplied For
21		26					APPLIED F	DR			lot Applicable
Suite Apt. #,	etc.	Suite, Apt	Suite, Apt. #, etc.				5. Certificate of Status D		\$8.75 Additional Fee Required		
City & State		City & Sta	ite				 Election Campaign Fire Trust Fund Contribution) May Be I to Fees
3	Country	28 Zip		Count			8. This corporation has le		tangible tax u		
- Ζρ 14]	25 29			30			Florida Statutes 🔲 Yes 🔲 No				
<u> </u>	9. Name and Address of Cu	rrent Registered Age	nt				10. Name and Address	of New Re	gistered Ag	ent	
				8	1 Name	€:					
STARK, DICK					82 Street Address (P.O. Box Number is Not Acceptable)						
	OUTH YONGE STREET				i3						
ORMOI	ND BEACH FL 32174			Ľ			.				
	;			. 8	City				FL	85 Zı;	o Code
familiar with	the provisions of Sections 607.1 dagent, or both, in the State of a gent, and accept the obligations of, and accept the obligations of the section of the se	Section 607,0505, Flor	ida Staintes	e Hagi orga A			oko rev estat ligit				
12.		AND DIRECTORS		13.			ADDITIONS/CHANGE	S TO OFFI		Onarge	HS IN 12
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NAME	STARK, DICK	rocet		1 2 NAM	ne. Eet addres:	:4					
STREET ADDRESS	570 SOUTH YONGE S' ORMOND BEACH FL 3				i-SI ZIP	* '					
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NAME	STARK, SUSAN			2.2 NAM	#E	1					
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NAME				4.2 NA							
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STREET AF DRESS				5 3 ST	REFT ADDRES	58	-05/20/9		132UU	i	
CITY-ST-ZIP		<u>-</u>			Y - ST - Z(P		***200.0	<u></u>	····	1 Change	Addition
TITLE			DELETE	6 1 7					L_	Loudings	☐ Manua 1
NAME				62 NA	ME REE! AODRÉ:	4:4					
STREET ADDRESS				1	HEE: ALIUHE LY-ST-ZIP						
CITY - ST - ZIP	<u> </u>						Alice assessment on stated in C	calca 110	OZIGIJU Eloc	do State	itae Lituriber

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trusted 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:

SUSAN STARK