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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS



FLORIDA DEPARTMENT OF STAT

FILED

Apr 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000051185 (4)

PARA-MARINE REALTY CO., INC.

Principal Place of Business 10400 GRIFFIN RD., \$-210 COOPER CITY FL 33328		Mailing Address 10400 GRIFFIN RD., S-210 COOPER CITY FL 33328-3399			
				3. Date Incorporated or Qualified 07/11/1994	3a. Date of Last Report 04/22/1996
2. Principal P	lace of Business	28. Mailing Address		4. FEI Number 65-0515149	Applied For Not Applicable
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Z _{IP}	Country 30	8. This corporation has liability for in	ntangible tax under s. 199,032,
	9. Name and Address of Curren			10. Name and Address of New Reg	stered Agent
Wil	LIAMSON, ROBERT		81 Namo		
104	00 GRIFFIN RD., S-210 OPER CITY FL 33328		82 Street Add	ress (P.O. Box Number is Not Acceptab	(c)
			84 City	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FL 85 Zip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation of registered agentifications.	et and tele if applicative (NO)	authorized by the corporal orida Statutes. Fregistered Agent signature requi	ocration submits this statement for the p tion's board of directors. Thereby accep red when renstating) ADDITIONS/CHANGES TO OFFIC	ĎATE
TITLE	D	DETETE	1.1 701.6		Change Addition
NAME	WILLIAMSON, ROBERT	•	1.2 NAM:		
STREET ADDRESS	10400 GRIFFIN RD., S-210		1.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33328		1.4 CITY - ST - ZIP		
TITLE		DELETE	21 INLF		Change Addition
NAME		···	2.2 NAME		- -
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TOLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 NILE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS .		
CITY-ST-ZIP			4.4 CITY - ST - 7IP		
TITLE		☐ DELETE	5.1 THLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CRY-ST-ZIP			5.4 CITY - \$1 - ZIP		
TRLE		☐ DELETE	G.1 117LE		Change Addition
A/ALAE			E 2 NAME		

14. I do 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 eath; 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.