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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT (F STATE

Sandra B. Morth

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400057314 (4)

M. M. 97.5 KEY LARGO OCEANSIDE MARINA, INC.

Principal Place of Business Mailing Address

81 E SECOND ST
KEY LARGO FL 33007
US

2. Principal Place of Business
21
Suite, April #, etc.

Mailing Address

22
Mailing Address

25
Suite, April #, etc.

FILED
Mar 06 1997 8:00am
Secretary of State



| | | | 7 | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|--------------------------------|--|---|----------------------------------|---|--|----------------------------------|
| O Original D | lacs of Discussion | 2a. Mailing Address | | | 08/03/1994 . 4. FEI Number | 07/11/1996 |
| 2. Principal Place of Business | | 26. Walling Address | | | 65-0675820 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite. Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | 6. Certificate of Status Desired | Fee Required |
| City & State | 8 | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | - | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Countr | У | 8. This corporation has liability for i | |
| 24 | 25 29 30 9. Name and Address of Current Registered Agent | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | |
| · | , | it Hegistered Agent | B1 | Name | 10. Name and Address of New He | Bisteled Waut |
| SPARHUW, HUBERT J | | | | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| , incl | DVIGO I E GOVIV | | 83 | | | |
| | | | 84 | City | | 85 Zip Code |
| 44 5 | (6-1) 607 07 0 | 0 1007 1000 51 11 11 | | <u> </u> | | |
| office or r | to the provisions of Sections 607.050 eqistered agent or both, in the State | iz and 607.1508, Florida Statt of Florida: Such change was | utes, the abov s authorized b | e-named co v the corpo | orporation submits this statement for the p ration's board of directors. I hereby accep | of the appointment as registered |
| agent La | m farm∍ar with, and accept the oblig | ations of Section 607.0505, F | Florida Statute | Ś. | , , | |
| SIGNATURE | Signature Pysic Jur pointed name of regioneral age | 16 % A 16 A 16 | orr. D. J. | | quired when reinstating) | DATE |
| 12. | OFFICERS AN | | 13. | leur aitheirme iei | ADDITIONS/CHANGES TO OFFICE | |
| Tilit | D | DELETE | 1.1 TITLE | | ADDITIONOUNITOED TO OTHE | Change Addition |
| NAMÉ | SPARROW, ROBERT J | | 1.2 NAME | | | |
| (| | | | T ADDRESS | | |
| CITY - ST - ZIP | KEY LARGO FL 33070 | The Opposite Of | 1.4 CITY - | | | · |
| 101:6 | DELETE 21 T | | | 31 211 | | Change Addition |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | 233 | | | t address | • | |
| 01*Y-\$1-7i2 | 2.4 | | | ST-ZIP | | |
| TIFLE | ☐ DELETE 3.17 | | | | , | Change Addition |
| NAML | 32 M | | | | | |
| STREET ADDRESS | | | 3.3 STREE | t address | | |
| CHY-51-7-P | | | 3.4 City | | | |
| TILF | | DELETE | 4.1 TITLE | | | Change Addition |
| NAME | | | 4 2 NAMI | | | |
| STREET ADORESS | | | | 1 ADDRESS | | |
| City-St-ZiF | | ☐ DELETE | 4 4 CITY - | | | Change Addition |
| TITLE | | f" nereic | 5 1 TITLE | 4 | | TT CHRUNG T MUNION |
| NAME Cross Laterators | | | 5.2 NAME | T ADDRESS | | |
| STREET ADJURESS | | | | | | |
| CHY-ST ZIF | | DELETE | 5.4 CITY - 6.1 TITLE | | THE RESERVE OF THE PARTY OF THE | Change Addition |
| NAME | | E DECEIC | 6.2 NAME | ì | | 21-21-30 FT SINGHOIL |
| STREET ADDRESS | | | | T ADDRESS | | |
| C-TY+S1 ZiP | | | 6.4 CITY- | | | |
| L CHT-5 ZIF | | | 0.4 6117 | OI - FIE | | |

I. Los 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 precion 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 on an attachment with an address.

SIGNATURE:



3-2-900

Daytime Prone #