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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000057314 (4)

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

Principal Place of Business 81 E SECOND ST KEY LARGO FL 33007

## FILED Apr 20 1998 8:00am Secretary of State

Mailing Address 81 E SECOND ST KEY LARGO FL 33037 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/03/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0675820 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country Ζıρ 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes Yes 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPARROW, ROBERT J 81 E. SECOND ST. Street Address (P.O. Box Number is Not Acceptable) KEY LARGO FL 33070 83 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent alignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition TITLE 1.1 TITLE DIRECTOR Change ALANA AUSTIN SPARROW, ROBERT J NAME 1.2 NAME 81 EAST DECOUND ST. 81 EAST SECIBD ST. 1.3 STREET ADDRESS STREET ADDRESS **KEY LARGO FL** LARGO FL 33037 1.4 CITY - ST- ZIP CITY-ST-ZIP Change DELETE TIFLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 3.1 TITLE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 41 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE **6.1 TITLE** 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

SIGNATURE: (

april 14 1998