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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000070229 (7)

1. Corporation Name
FISHERMAN'S LANDING - NEW SMYRNA BEACH, INC.

Principal Place of Business Mailing Address

500 E. 3RD. AVE.

NEW SMYRMA BEACH FL 32167 NEW SMYRMA BEACH FL 32167



500 E. 3RD. AVE. NEW SMYRMA BEACH FL 32167		500 E. 3RD. AVE. NEW SMYRMA BEACH FL 32167		3. Date Incorporated or Qualified	3a. Date of Last Report		
					09/22/1994	0	7/24/1995
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number		Applied For
21	, 0. 235040	26			59-3300215		Not Applicable
Suite, Apt. #,	etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Gountry 30	, , , , , , , , , , , , , , , , , , ,	This corporation has liability for Florida Statutes Yes	intangible tax	under s. 199.032,
24	9. Name and Address of Curren	29 29 Agent			10. Name and Address of New F	Registered A	gent
	9. Name and Address of Curren	i negistered Agent	81	Name			
			-		fress (P.O. Box Number is Not Acceptate	nie)	
1929 S.	S, HENRY PALMETTO AVE.		82		IIESS (F.O. DOX Number is NOT Accepted		
SOUTH	DAYTONA FL 32119		83	1			
•			84	City		FL	85 Zip Code
SIGNATURE	a agent, or both, in the State of Floring and accept the obligations of Sect	and the cappe at o	NOTE Populared Ap	en 1 signature, requi	red what reinstating. ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTORS IN 12
12.	OFFICERS AN	D DIRECTORS	13. 1.1 TITL	<u> </u>	7,000,1000		Change Addition
THLE	P	Приси	1.1 III.	į			
NAME	BAILEY, DAVID M			ET ADDRESS			
STREET ADDRESS	201 RIVERBEND RD. ORMOND BCH., FL 32174			- S1 - ZIP			
CITY-ST-ZIP TITLE	-	DELETE	2 1 THTL		<i>T</i>		Change
NAME	BEARENS, HENRY	Misspeleo	2 2 NAM		BEHRENS Her	274	. . .
STREET ADDRESS	1929 S. PALMETTO AVE.	Will Soft Con-	2.3 STH6	ET ACORESS	19295 Palmell	8 21	29/19
CITY-ST-ZIP	SOUTH DAYTONA FL 321	19	2 4 Cily	- ST - ZIP	SOUTH DAYTOWA	1 /2	Change . Addition
TITLE	S	Name Misspelled	3 1 FUL 32 NAM		T BEHRENS Head 19295. Palmet SOUTH DAYTONA BEHRENS EN 19295 Palmetto South Daytone	LIZAB	ETH
NAME	BEARENS, ELIZABETH	mispelled	32 NAM 22 CIB	t EET ADDRESS	19995 Palmetto	AV	E,
STREET ADDRESS	1929 S. PALMETTO AVE. SOUTH DAYTONA FL 321	10	34011	S1-ZIF	South Daytons	y Fl	32117
CITY-ST-ZIP TITLE	SOUTH DATIONA FL 321	DELETE		F		[Change Addition
NAME			4.2 NAN	16			
STREET ADDRESS			43 STR	EET ADDRESS			
CITY-ST-ZIP				-ST ZIP			Change Addition
TITLE		DELF16		1		L	change Notation
NAME			5.2 NAN				
STREET ADDRESS			1	EFF ADDRESS			
CITY-ST-ZIP		DELETI		r-ST-ZIP			Change Addition
TITLE			6.2 NAI				
NAME				EET ADDRESS			
STREET ADDRESS			6.4.0.1	V CT 7IP			
CITY - ST - ZIP			The second of th	loop not cupit	fy for the exemption stated in Section 1	19.07(3)(k), FI	orida Statutes. I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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 certify 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904767,5690