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

, PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # P95000019043 (5)

FLORIDA GOLF & MARINA, INC.

FILED Apr 01 1996 8:00 am Secretary of State

1 03 /25 (96 / 482- 3535

Principal Place	of Business	Mailing Address	. 05.		massa dolat stath aben abili billeb tite ibbi
1931 SE 32 T	= ::	-350 FIFTH AVE 3	6371-4 PRE	SIDENTIAL CT	
CAPE CORAL	FE 33904	e-MAILEO I E-00910	FORT MYEES	i, the	
			3399	3. Date Incorporated or Qualified	3a. Date of Last Report
				03/06/1995	
	ace of Business	2a. Mailing Address	Onto some	4. FEI Number	Applied For
21 Suite Ant	# oto	26 6371-4	PRESIDENTI	u 65-063282	
Suite, Apt. :	r, etc.	Suite, Apt. #, etc.	C ₄ :	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	·· ······	City & State		6. Election Campaign Financing	
23		28 FORT MY	IERS, FC	Trust Fund Contribution	\$5.00 May Be Added to Fees
l Zm	Country	7p	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29 53919	30 CEE	<u>-</u>	No No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New F	Registered Agent
GUDBUN	M. NICKEL, P.A.		oi Name		
350 FIFT			82 Street An	idress (P.O. Box Number is Not Acceptal	ત્રીદા)
SUITE 20			83		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
_	FL 33940				
			84 City		El 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ules, the above named con-	xoration submits this statement for the pur	rpose of changing its registered office
or register	ed agent, or both, in the State of Flore th, and accept the obligations of, Sect	ida. Such change was author	ized by the corporation's ba	pard of directors. Thereby accept the app	ointment as régistered agent. Lam
SIGNATURE	3				
	Stynature, typed or printed name of registered agen		NÖ fer Bugsteres Agent signature req	med where rened chiqu	DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TILE	ERKER, DAGMAR	DELETE	1 1 TITLE		Change Addition
NAME OTHER ADDRESS	3613 DEL PRADO BLVD		1.2 NAME	1931 CE 22 YRRR	と
STREET ADDRESS CITY-ST-ZiP	CAPE CORAL FL 33914		1.3 STREET ALCRESS	1931 SE 32 TBRE CAPE CORNLITA	2 2904
TILLE	VTD	DELETE	1.4 CITY+S1+2IF 2 1 TITLE	CHE COUNTY	Change Addition
NAME	erker, gunter				
STREET ADDRESS	3613 DEL PRADO BLVD		23 STREET ADDRESS	1931 SE 32 TER	R.
CHY-ST-ZIP	CAPE CORAL FL 33914		2.4 CRV - ST- ZIP	1931 SE 32 TER CAPE CORDL, 7	EL 33904
TITLE		DELETE	3 1 THILE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7IP		· · · · · · · · · · · · · · · · · · ·	3.4 CiTY - ST - ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - S1 - ZIP TITLE		☐ DELETE	4.4.0 (1Y + S1 - Z)F		Change
NAME			5 TITLE 52 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
C-TY-ST-Z-P			5.4 City - \$1 - Zif		
1:TLE		☐ DELETE	6 1 TILLE		Change Addition
NAME		_	6.2 NAME		_
STREET ADDRESS			6.3 S7REE1 ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - 7IP		
	y certify that the information supplied the information indicated on this about	with this filing is voluntarily fur	mished and does not qualif,	/ for the exemption stated in Section 119. rate and that my signature shall have the	.07(3)(k), Florida Statutes. I further
cath: that I	lam an officer or director of the come	pration or the receiver or trust	inder report is true and accorded	rate a to that my signature shall have the this report as required by Chapter 607, Fig	orida Statutes: and that my name