

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044870 (0)

1. Corporation Name

~~INTRACOASTAL FUN CRUISES & TRANSPORT CO.~~
MARINE CONSULTANT & YACHT SALES INC.



Principal Place of Business

3265 WATERSIDE DRIVE
GROVE CITY FL 34224

Mailing Address

3265 WATERSIDE DRIVE
GROVE CITY FL 34224

3. Date Incorporated or Qualified

06/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 915 VIA FORMIA

Suite, Apt. #, etc.

22 City & State

23 PUNTA GORDA FL

24 Zip 33950

Country

2a. Mailing Address

26 915 VIA FORMIA

Suite, Apt. #, etc.

27 City & State

28 PUNTA GORDA FL

29 Zip 33950

Country

4. FEI Number

65-0662552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

MACLEAN, GARY B

3265 WATERSIDE DRIVE
GROVE CITY FL 34224

915 VIA FORMIA
PUNTA GORDA FL
33950

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 of Registered Agent (Required if Agent is Not a Director)

Signature of Registered Agent (Required if Agent is Not a Director)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE D
1.2 NAME MACLEAN, GARY B
1.3 STREET ADDRESS 3265 WATERSIDE DRIVE
1.4 CITY-ST-ZIP GROVE CITY FL 34224

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME MACLEAN, GARY B
1.3 STREET ADDRESS 915 VIA FORMIA
1.4 CITY-ST-ZIP PUNTA GORDA FL 33950

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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-05/31/96--01021--013
***225.00

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 oath; 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 changes, or on an attachment with an address.

SIGNATURE:

GARY B MACLEAN 4/15/96 941 505-0125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)