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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 AUG -7 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000047348 (4)

1. Corporation Name
MARINELAND OCEAN RESORT, INC.

Principal Place of Business	Mailing Address
FIRST COAST HIGHWAY A1A MARINELAND FL 32086	FIRST COAST HIGHWAY A1A MARINELAND FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/16/1995**

4. FEI Number: **59-3324964** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JONES, BRIAN M ESQ.
20 N. ORANGE AVENUE
SUITE 1000
ORLANDO FL 32801-4628

10. Name and Address of New Registered Agent

81 Name

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

83 City 84 FL 85 Zip Code

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*****550.00 *****550.00

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOUGHRANE, BARRY 303 EAST 57TH STREET NEW YORK NY 10022	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOVERT, J. L 3000 GULF TO BAY BLVD., 2ND FLOOR CLEARWATER FL 34619	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMASTER, RENN 2012 PALACO GRANDE CAPE CORAL FL 33904	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYO, GENE 279 EAST 44TH STREET, SUITE 5-A NEW YORK NY 10017	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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*****8.75 *****8.75

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14. I 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 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 attached sheet with an address.

8.5.98