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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000061347**1. Corporation Name

Principal Place of Business

LONGBOAT KEY MARINA REALTY, INC.

2800 HARBOURSIDE DRIVE LONGBOAT KEY FL 34228		2600 DOUGLAS RD 803 CORAL GABLES FL 33134 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/08/1995			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0613622		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		5-Additional -	
12		27				Fee	Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
!3		28			Trust Fund Contribution		ed to Fees	
_ Žip ─	Country	Zip	Country □	,	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24	9. Name and Address of Current Registered Agent		<u>'i</u>		Personal Property Tax. Lagrange Inc. 10. Name and Address of New Registered Agent			
	9. Name and Address of Currer	it Registered Agent	81	Name	10. Name and Address of New Registered A	gent		
ARS	enault, Kenneth G Jr.							
	5 ULMETON ROAD		82	Street Add	Iress (P.O. Box Number is Not Acceptable)			
SUITE 2			83	-				
LARGO FL 34641			"					
Out.	30 / 2 0 10 1 1		84	City	FL	85 Z	ip Code	
SIGNATURE	m familiar with, and accept the obligation of th				ed when reinstating) DATE			
12.		ID DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Chang	ge Addition	
NAME.	VERNON, WILLIAM G		1.2 NAME					
STREET ADDRESS	2800 HARBOURSIDE DRIVE	1.3 ST		TADDRESS				
CITY-ST-ZIP	LONGBOAT KEY FL 34228		1.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	2.1 TITLE		 -	☐ Chan	ge	
NAME			2.2 NAME				ļ	
STREET ADDRESS			2.3 STREE	T ADDRESS			-	
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		-	Chang	ge	
NAME			3.2 NAME					
STREET ADDRESS				TADDRESS			!	
CITY-ST-ZIP		□ 05) 575	3.4. CITY-5	ST-ZIP		Chang	ge Addition	
TITLE !		☐ DELETE	4.1 TITLE				ge	
NAME	•		4. 2 NAME	T 4000E00			}	
STREET ADDRESS				TADDRESS			ì	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	ST-ZIP		Chan	ge Addition	
TITLE		ت محدد اد	5.2 NAME			,		
NAME STREET ADDRESS			i e	T ADDRESS				
STREET ADDRESS			5.4 CITY-S	1				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	-		Chan	ge Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
GIREE I ADUKESS			0.4 NITO 4 S					

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 attachment with an address, with all other like empowered.

SIGNATURE:

May 05, 1999 8:00 am Secretary of State

05-05-1999 90213 031 ***150.00

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