

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

Amended Report

FILED

99 MAR -2 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079062

1. Corporation Name

Riverwalk Marina Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 2016 Laurel St.

Suite, Apt. #, etc.

27 Tallahassee Fla

City & State

28 Tallahassee Fla

Zip

29 32303

Country

30 Leon

9. Name and Address of Current Registered Agent

Wilfred T King III

2016 Laurel St.

Tallahassee Fla 32303

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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature requires 1 when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE President [] DELETE

NAME WT King III

STREET ADDRESS 2016 Laurel St.

CITY-ST-ZIP Tallahassee Fla

TITLE Secretary [] DELETE

NAME David Ward

STREET ADDRESS 93 Walker Cr. Dr. Shell Pt. Beach

CITY-ST-ZIP Miami Beach Fla

TITLE Treasurer [] DELETE

NAME James Masec

STREET ADDRESS 2661 Phanton Circle

CITY-ST-ZIP Tallahassee, Fla 32312

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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[] Change [] Addition

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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 attachment with an address, with all other like empowered

SIGNATURE:

WT King III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

566 5020

Date

Dayton-Pearson

CR2E034 (11/98)