

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000038738 (6)

1. Corporation Name
MINNEOLA MARINA, INC.

Principal Place of Business
14211 W COLONIAL DR
WINTER PARK FL 34787

Mailing Address
14211 W COLONIAL DR
WINTER PARK FL 34787-4208



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1996		3a. Date of Last Report N/A	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3376211		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent HANCOCK, W. BRUCE 14211 W COLONIAL DR WINTER PARK FL 34787				10. Name and Address of New Registered Agent			
				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 required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE				<input type="checkbox"/> DELETE				11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				HANCOCK, W BRUCE				12 NAME							
STREET ADDRESS				14211 W COLONIAL DR				13 STREET ADDRESS							
CITY-ST-ZIP				WINTER PARK FL 34787				14 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				21 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								22 NAME							
STREET ADDRESS								23 STREET ADDRESS							
CITY-ST-ZIP								24 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				31 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								32 NAME							
STREET ADDRESS								33 STREET ADDRESS							
CITY-ST-ZIP								34 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				41 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								42 NAME							
STREET ADDRESS								43 STREET ADDRESS							
CITY-ST-ZIP								44 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				51 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								52 NAME							
STREET ADDRESS								53 STREET ADDRESS							
CITY-ST-ZIP								54 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				61 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								62 NAME							
STREET ADDRESS								63 STREET ADDRESS							
CITY-ST-ZIP								64 CITY-ST-ZIP							

14. I do 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.

SIGNATURE *[Signature]* HANCOCK, W BRUCE 4/22/97 407-654-3737

CR2E034 (9/96)