

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000039078 (6)

1. Corporation Name

BIMINI TWIST CHARTERS OF COLLIER COUNTY, INC.

Principal Place of Business

Mailing Address

~~2130 SNOOK DR~~
~~NAPLES FL 33962~~

~~2130 SNOOK DR~~
~~NAPLES FL 33962~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1996

4. FEI Number

65-0668100

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 2680 Clipper Way

26 2680 Clipper Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Naples, FL

28 Naples, FL

24 Zip

Country

USA

29 Zip

Country

USA

9. Name and Address of Current Registered Agent

MULLENDORE, STACY A
2130 SNOOK DR
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

Stacy A. Mulendore

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

2680 Clipper Way

83

84 City

Naples

FL

85 Zip Code

34104

11. Pursuant to the provisions of Sections 607.05(12) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Stacy Mulendore

Signature type: For printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/12/98

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME MULLENDORE, STACY A
STREET ADDRESS 2130 SNOOK DR
CITY-ST-ZIP NAPLES FL 33962

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Mulendore Stacy A.
2680 Clipper Way
Naples, FL 34104

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

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 on an attachment with an address.

SIGNATURE:

Stacy Mulendore

3/12/98

CR2E034 (10/97)