

**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

**DOCUMENT # P96000039078 (6)**  
 1. Corporation Name  
**BIMINI TWIST CHARTERS OF COLLIER COUNTY, INC.**



Principal Place of Business: **2130 SNOOK DR NAPLES FL 33962**  
 Mailing Address: **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: **2680 Clipper Way**  
 Suite, Apt. #, etc.  
 City & State: **Naples, FL**  
 Zip: **34104** Country: **USA**

2a. Mailing Address: **2680 Clipper Way**  
 Suite, Apt. #, etc.  
 City & State: **Naples, FL**  
 Zip: **34104** 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. Mulledore**  
 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 entering into, and accept the obligations of Section 607.05(5), Florida Statutes.

SIGNATURE: *Stacy Mulledore* DATE: **3/12/98**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	MULLENDORE, STACY A	2130 SNOOK DR	NAPLES FL 33962	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Mulledore Stacy A.	2680 Clipper Way	Naples, FL 34104	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Mulledore* DATE: **3/12/98**

CR2E034 (10/97)