

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

APPROVED
SEE ATTACHED LETTER
FILED

97 AUG -7 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # **P96000063624**

1. Corporation Name

DONA BAY MARINA, INC.

Principal Place of Business Mailing Address

**504 SOUTH TAMiami TRAIL
NOKOMIS, FLORIDA 34275**

3. Date Incorporated or Qualified
AUGUST 19, 1996

3a. Date of Last Report
INITIAL REPORT

2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME	4. FEI Number 65-0695351	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 22	City & State 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 23	Country 28	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ERIK R. LIEBERMAN
227 NOKOMIS AVENUE SOUTH
VENICE, FLORIDA 34285**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT: JOSEPH BRAVER <input type="checkbox"/> DELETE 6400 POWERS FERRY ROAD, #112 ATLANTA, GEORGIA 30339	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRES: JOSEPH BRAVER <input type="checkbox"/> DELETE 6400 POWERS FERRY ROAD, #112 ATLANTA, GEORGIA 30339	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500002264445 -08/12/97-01044-007 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER: JOSEPH BRAVER <input type="checkbox"/> DELETE 6400 POWERS FERRY ROAD, #112 ATLANTA, GEORGIA 30339	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY: JOSEPH BRAVER <input type="checkbox"/> DELETE 6400 POWERS FERRY ROAD, #112 ATLANTA, GEORGIA 30339	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8/8/97

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph L. Braver* **JOSEPH L. BRAVER** **31/04/97** (770) 955-1065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #