

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

FILED  
Jul 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000068624 (1)**

1. Corporation Name  
**DONA BAY MARINA, INC.,**



Principal Place of Business <b>504 SO. TAMiami TRAIL NOKOMIS FL 34275</b>	Mailing Address <b>504 SO. TAMiami TRAIL NOKOMIS FL 34275</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/19/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0695351</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>MA</b>	

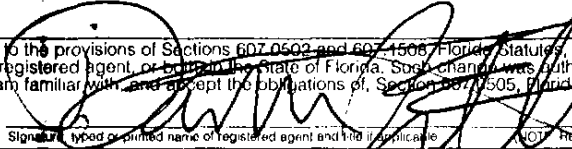
9. Name and Address of Current Registered Agent

**LIEBERMAN, ERIK R  
227 NOKOMIS AVE. SOUTH  
VENICE FL 34285**

10. Name and Address of New Registered Agent

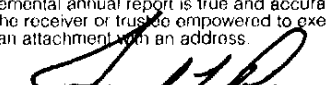
81	Name	<b>DAVID M. SILBERSTEIN</b>	
82	Street Address (P.O. Box Number is Not Acceptable)	<b>720 SOUTH ORANGE AVENUE</b>	
83			
84	City	FL	85 Zip Code <b>34236</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1506 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  DATE **6/29/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVTS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT, TREAS, SEC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAVER, JOSEPH L</b>	1.2 NAME	<b>← SAME</b>
STREET ADDRESS	<b>6400 POWERS FERRY RD. N.W. #112</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>VICE-PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>GEORGE HOLLAND</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>504 SOUTH TAMiami TRAIL</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>NOKOMIS, FLORIDA 34275</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	<b>800002581488</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-07/07/98--01051--048</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***150.00</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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  DATE **6/29/98**

CR2E034 (10/97)