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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

.,		
DOCUMENT #	P96000077185	(2)

	T POINTE MARINA, INC.	Mailing Address 3314 CHEVIOT DR TAMPA FL 33618-2158			
<b>)</b> 				3. Date Incorporated or Qualified 09/16/1996	Sa. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	<del></del>	59-3405487	Not Applicable
Suite. Apt	#, QIC	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	de	City & State		8. Election Campaign Financing	\$5.00 May Be
23	N	28	,	Trust Fund Contribution	Added to Fees
Zip r==3	Country	Zip	Country	8. This corporation has liability for	
24	25   9. Name and Address of Cut	rent Begistered Agent	[30]	Florida Statutes  10. Name and Address of New Re	Yes No
	ANOICZ, DONNA K	Total Togratal Sa Again	81 Name	10. Hallo and Addiese of Hotel He	South A Libert
	4 CHEVIOT DR MPA FL 33618		82 Street Add 83 84 City	ress (P.O. Box Number is Not Acceptat	FL 85 Zip Code
agent. I siGNATURE	Signaturing year or peared name of registered	1 agent and title if applicable (NOT	E: Registered Agent signature requ	poration submits this statement for the ption's board of directors. I hereby accepted when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
title	PTD	DELETE	1.1 TITLE		Change Addition
NAME	GRANOWICZ, DONNA K 3314 CHEVIOT DR		1.2 NAME		
STREET ADDRESS CITY - ST - ZHI	TAMPA FL 33618		1.3 STREET ADDRESS 1.4 City-St-Zip		
TILE	VSD	☐ DELETE	2.1 TITLE		Change Addition
NAME	CLARK, CHERY M		22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY ST-ZIP	BRADENTON FL 34210	·	2. 4 CITY - ST - ZIP		
TITLE		☐ D£LETE	3.1 TITLE		Change Addition
NAMÉ			3.2 NAME		
STREET ADDRESS.			3.3 STREET ADDRESS		
City-St-ZiP Title		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		C) been	4.2 NAME		Find Action Find Methodology
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-ZiP			4.4 CITY-ST-ZIP		
TITLE	,	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-7IP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TALE		☐ Change ☐ Addition
NAMé			6.2 NAME		
STREET ADDRESS	.   -		6.3 STREET ADDRESS		
CITY-SI-7:2	Ì		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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97

**FILED** 

May 08 1997 8:00am

Secretary of State

Daytime Phone #