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

PROFIT CORPORATION ANNUAL REPORT

1998

一日報報は 大大大は一十十二

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091897 (4)

MILT'S MARINA, INC.

Principal Place of Business

1541 GRIFFIN ROAD

DANIA FL 33004

Mailing Address

1541 GRIFFIN ROAD DANIA FL 33004

FILED Apr 14 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

										3. Date Incorporated or Qualified 11/08/1996		
2. Principal Pl	ace of Busin	1055		### A 100 ### A			4. FEI Number Applied For					
ភា				 	'n					65-0707342 Not Applicable		
Suite, Apt. #, etc.					 					5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State	City & State				City & State					Election Campaign Financing \$5.00 May Be		
23	J				28					Trust Fund Contribution		
Zip			Douritry		Z	ıb		untry		8. This corporation owes or has paid the current year Intangible		
24		25			.1		30			Personal Property Tax due June 30. 🔀 Yes 🗌 No		
	9, Name	and	Address of Curre	nt Reg	ister	ed Agent		-		10. Name and Address of New Registered Agent		
TUNSTALL, STEVE 2701 SW LEJEUNE ROAD STE 410 CORAL GABLES FL 33134							,	82	2 Street Address (P.O. Box Number is Not Acceptable)			
								83				
								84	City	FL 85 Zip Code		
office or re	gistered ag	ent.	or both, in the Stale	of Flo	rida.	Such change was	authoriz	ed by	the corr	ed corporation submits this statement for the purpose of changing its registere orporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed	or pair	and name of registerest ag	ent and b	nto if a	pplicable (NO	TE Registe	red Age	eni Bignalure	ure required when reinstating) DATE		
12.			OFFICERS AN	ID DIRI	FCTO	ORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D					DELETE	1.1	TITLE		Change Addition		
NAME	PEACO	CK, I	MILTON				1.2	NAME				
STREET ADDRESS			in road				1.3	STREET	ADDRESS	s		
CITY - ST - ZIP	DANIA I	FL 3	3004				1,4	CITY-S	T-ZIP			
TITLE						DELETE	2.1	TITLE		Change Addition		
NAME							2.2	NAME				
STREET ADDRESS							2.3	STREET	ADDRESS	s		
CITY-ST-ZIP							2.4	CITY-S	ST-ZIP			
TITLE						DELETE	3.1	TITLE		☐ Change ☐ Addition		
NAME							3.2	NAME				
STREET ADDRESS							3.3	STREET	ADDRESS	s		
CITY-ST-ZIP							3.4	ÇITY-S	ST-ZIP			
TITLE						DELETE	4.1	TITLE		☐ Change ☐ Addition		
NAME							4.2	NAME				
STREET ADDRESS							4.3	STREET	ADDRESS	s J		
CITY-ST-ZIP							4.4	CITY-S	T-ZIP			
TOTLE						DELETE	5.1	TITLE		Change Addition		
NAME							5.2	NAME				
STREET ADDRESS							5.3	STREET	ADDRESS	s l		
CITY-ST-ZIP												
TITLE			, , , , , , , , , , , , , , , , , , ,			DELETE				Change Addition		
NAME							6.2	NAME				
STREET ADDRESS									ADDRESS	s		
CITY-ST-ZIP								CITY-S				
14. I hereby c	ortily that th	e info	ormation supplied v	vith this	s filin	g does not qualify f	for the e	xemp	tion state	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated officer or o	on this annu director of th	ial re	port or supplement reporation or the rec	al annu eiver o	ual re or tru:	eport is true and ac- stee empowered to	curate a	nd the this	at my sig report as	signature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in		