

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

FILED

May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000028692 (6)

1. Corporation Name

FACTORY BAY MARINA OF MARCO, INC.

Principal Place of Business

405 5TH AVE S
NAPLES FL 34102

Mailing Address

405 5TH AVE S
NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1997

4. FEI Number

65-0751713

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

2a. Mailing Address

21 705 EAST ELKAM CIRCLE

26 1106 N. COLLIER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MARCO ISLAND, FL

28 MARCO ISLAND, FL

24 Zip

25 Country

29 Zip

30 Country

34145

US

34145

US

9. Name and Address of Current Registered Agent

ANTARAMIAN, JACK J
405 5TH AVE S
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

365 FIFTH AVENUE SOUTH

83

SUITE 201

84

NAPLES

FL

85 Zip Code

34102

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

TITLE D ☐ DELETE

NAME ANTARAMIAN, JACK J
STREET ADDRESS 405 5TH AVE S
CITY-ST-ZIP NAPLES FL 34102

TITLE D ☐ DELETE

NAME NASSIF, DAVID E
STREET ADDRESS 405 5TH AVE S
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S ☒ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS 365 FIFTH AVENUE SOUTH #201
1.4 CITY-ST-ZIP NAPLES, FL 34102

2.1 TITLE VP/T ☒ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS 365 FIFTH AVENUE SOUTH #201
2.4 CITY-ST-ZIP NAPLES, FL 34102

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

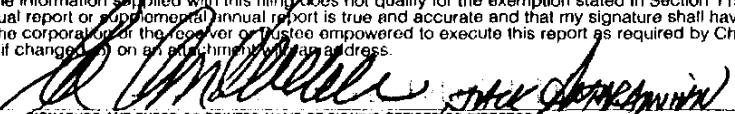
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 supplementary 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 earlier filing year address.

SIGNATURE:

 JACK ANTARAMIAN 4/8/98 941-454-0600

CR2E034 (10/97)