

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000040797 (7)

1. Corporation Name

FACTORY BAY MARINA LAND COMPANY, INC.



Principal Place of Business

Mailing Address

405 FIFTH AVENUE SOUTH
NAPLES FL 34102

405 FIFTH AVENUE SOUTH
NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 365 5TH AVE SO	26 365 5TH AVE SO
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 201	27 201
City & State	City & State
23 NAPLES, FL	28 NAPLES, FL
Zip	Zip
24 34102	29 34102
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

65-0760781

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$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

9. Name and Address of Current Registered Agent

ANTARAMIAN, JACK J
405 FIFTH AVENUE SOUTH
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name

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

365 5TH AVE SO # 201

83

84 City

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VTS
NAME	ANTARAMIAN, JACK J	1.2 NAME	ANTARAMIAN, JACK J
STREET ADDRESS	405 FIFTH AVENUE SOUTH, SUITE 6	1.3 STREET ADDRESS	365 5TH AVE SO # 201
CITY-ST-ZIP	NAPLES FL 34102	1.4 CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D	2.1 TITLE	V
NAME	NASSIF, DAVID E	2.2 NAME	
STREET ADDRESS	405 FIFTH AVENUE SOUTH, SUITE 6	2.3 STREET ADDRESS	365 5TH AVE SO # 201
CITY-ST-ZIP	NAPLES FL 34102	2.4 CITY-ST-ZIP	NAPLES FL 34102
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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; the recorder 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, upon an attachment with an address.

SIGNATURE

[Signature]

4/22/98 QU-1121-26-00

CR2E034 (10/97)