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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Block 12 or Block 13 if changed, or on an attachment with an address.

ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P97000064008 (0) DOCUMENT # 1. Corporation Name

**RUM CAY MARINA INC** 

Mailing Address

## **FILED** Feb 17 1998 8:00am Secretary of State



V 0/12/98

Principal Place of Business 5900 JOHNSON STREET 5900 JOHNSON STREET HOLLYWOOD FL 33021-5638 HOLLYWOOD FL 33021-5638 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/22/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23  $\Gamma$ 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intengible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LITTLE. JENNIFER A **5900 JOHNSON STREET** 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021-5838 83 City 85 Zip Code 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 poligations of Section 607.0505, Florida Statutes. SIGNATURE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSD TITLE DELETE 1 1 TITLE Change Addition LITTLE, JENNIFER A NAME 1.2 NAME **5900 JOHNSON STREET** STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33021-5638 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-7/P 14. Thereby 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