

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

FILED
Jul 07 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 # **P97000107241 (6)**

1. Corporation Name

BAHIA BEACH MARINA, INC.



Principal Place of Business

Mailing Address

**P O BOX 5869
SUN CITY CENTER FL 33571-5869**

**P O BOX 5869
SUN CITY CENTER FL 33571-5869**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 305 N. Tamiami Trail	26 P O Box 128		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 Ruskin Florida	28 Ruskin Florida		
Zip	Country	Zip	Country
24 33570	25 U.S.A.	29 33570	30 U.S.A.

3. Date Incorporated or Qualified 12/19/1997	
4. FEI Number	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
PLYE, TERRENCE F 707 DEL WEBB BLVD SUN CITY CENTER FL 33573	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is not acceptable)	
83	
84 City	FL
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PLYE, TERRENCE F
STREET ADDRESS	P O BOX 5869
CITY-ST-ZIP	SUN CITY CENTER FL 33571-5869
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D P
1.3 STREET ADDRESS	DICKMAN, Paul R
1.4 CITY-ST-ZIP	P O Box 128 / 305 N. TAMIA MI TRAIL Ruskin FL 33570-0128
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D V-P
2.3 STREET ADDRESS	DICKMAN, Edward L
2.4 CITY-ST-ZIP	P O Box 128 / 2420 1ST ST SW Ruskin FL 33570-0128
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D S / T
3.3 STREET ADDRESS	DICKMAN, Glenn K
3.4 CITY-ST-ZIP	P O Box 128 / ONE DICKMAN ISLAND Ruskin FL 33570-0128
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	7000002584027
6.3 STREET ADDRESS	-07/09/98--01032--003
6.4 CITY-ST-ZIP	***150.00

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 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 _____ DATE **4/27/98** 012-145-2211

CR2E034 (10/97)