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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S54710

(6)

SHIPWATCH DEVELOPMENT OF PINELLAS COUNTY, INC.

Principal Place of Business Mailing Address				I JOOKISKO IDE DELIK DIDAN SOERE HOUN DÆLE DY	Tik bion gram bibli alan dibir kaar	
7360 - 126TH ST. SEMINOLE FL 33776 US		7380 - 128TH ST. Seminole Fl 33778-4309 US	SEMINOLE FL 33776-4309			
					3. Date Incorporated or Qualified 05/20/1991	3a. Date of Last Report 08/12/1996
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-3078406	Applied For Not Applicable
Suite, Apt.	#, etc	Suite. Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 30	Country	y	8. This corporation has liability for in Florida Statutes	itangible tax under s. 199.032, Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent 81 Name		
HOFSTRA, PETER T.				Name		
	SEMINOLE BLVD. INOLE FL 34642		82	Street Ac	ddress (P.O. Box Number is Not Acceptable	э)
			83			
			84			FL 85 Zip Code
office or r agent 1 a	to the provisions of Sections 607 registered agent, or both, in the S im farnitiar with, and accept the c	.0502 and 607.1508, Florida Statutes, i itate of Fiorida. Such change was auth whgations of, Section 607.0505, Fiorida	the abov orized b a Statute	e-named or y the corpo s.	orporation submits this statement for the puration's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Signature, typed or printed harrie of registral	od agent and tille if applicable (NOTE: Re	gistered Ag	ent signature re	equired when reinstating)	DATE
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	V	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	SAVORETTI, BETTY J		1.2 NAME			
STREET ADDRESS	7380 - 128TH ST. NO.		1.3 STREE	T ADDRESS		
C-TY - ST - ZIP	SEMINOLE FL		1.4 CITY	ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	-		Change Addition
NAME	SAVORETTI, MARK		2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
City+St-ZIP			2 4 CITY-	ST-ZIP		
TOLE	D	☐ DELETE	31 TITLE	-		Change Addition
NAME	HARTER, MITCH, JR.		32 NAME			
STREET ADDRESS	CCMMOLE EL		33 STAEE	Y ADDRESS		
GITV - ST - ZIP	SEMINOLE FL		3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY -	ST-ZIP		Change Addition
THILE			5.1 TITLE			TI Change LI Audition
NAME			5.2 NAME	- 1		
STREET ADDRESS				F ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-	SI-ZIP		Change Addition
TITLE		⊢ ∩trest	6.1 TITLE			LT Change LT Audition
NAME			6.2 NAME			,
STREET ADDRESS		i		T ADDRESS		
CITY-ST-ZIP			6.4 CITY	ST-ZIP		

14. I do 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