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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V11826

(7)

1. Corporation Name

MARINAS/STORAGE, INC.

Principal Place of Business

1859 SHORE DRIVE S
STE 208
ST PETE FL 33707
US

Mailing Address

1859 SHORE DRIVE S
STE 208
ST PETE FL 33707-4733
US

3. Date Incorporated or Qualified
02/03/1992

3a. Date of Last Report
05/01/1996

4. FEI Number
39-0572778

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

21 1859 Shore Dr. S.

2a. Mailing Address

26 1859 Shore Dr. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 209

27 209

23 St. Petersburg Fl.

28 St. Petersburg, Fl.

Zip 33707

Zip

24

29

9. Name and Address of Current Registered Agent

FOURNIER, OSCAR
1859 SHORE DRIVE S
#208
ST PETE FL 33707

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

Signature, typed or printed name of registered agent and then if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME FOURNIER, OSCAR
STREET ADDRESS 1859 SHORE DRIVE S #208
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE FOURNIER, OSCAR A
1.2 NAME 1859 SHORE DR. S. #209
1.3 STREET ADDRESS ST. PETERSBURG, FL. 33707
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97

Daytime Phone #

0375589

CR2E034 (9/96)