

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 20 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V49465

(0)

1. Corporation Name

OUTRIGGER HARBOUR MARINA, INC.

Principal Place of Business

% KENNETH HART
777 S FLAGLER DR SUITE 500
WEST PALM BEACH FL 33401

Mailing Address

41 W. HIGH POINT ROAD
SEWALL'S POINT
WEST PALM BEACH FL 34996
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/09/1992

3a. Date of Last Report

02/22/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 41 W. High Point Road

27 Suite, Apt. #, etc.

28 City & State

29 Stuart, FL

30 Zip

31 Country

4. FBI Number

65-0343872

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee 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

b. Name and Address of Current Registered Agent

CT SYSTEM
1206 S PINE ISLAND RD
PLANTATION FL 33324

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME ARMSTRONG, JOHN F
STREET ADDRESS 41 WEST HIGH POINT ROAD
CITY- ST- ZIP STUART FL 34996

TITLE V
NAME ARMSTRONG, JOHN F
STREET ADDRESS 41 WEST HIGH POINT ROAD
CITY- ST- ZIP STUART FL 34996

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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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 PSTD
1.2 NAME Rita M. Armstrong
1.3 STREET ADDRESS 41 W. High Point Road
1.4 CITY- ST- ZIP Stuart, FL 34996

2.1 TITLE President
2.2 NAME ERROL T. SILVESTRI, Vice
2.3 STREET ADDRESS Showboat National Trust Company
2.4 CITY- ST- ZIP 619 S. Federal Highway, Stuart, Florida 34994

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Rita M. Armstrong President
Rita M. Armstrong

7/11/95

Daytime Phone #