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

May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** V51150 (3)MARINA LANDING, INC. Principal Place of Business Mailing Address 6315 WESTGATE DR. 7575 DR. PHILLIPS BLVD 1100 **STE 305** DO NOT WRITE IN THIS SPACE ORLANDO FL 32811 ORLANDO FL 32819 3. Date Incorporated or Qualified 07/16/1992 2a. Mailing Address 2. Principal Place of Business Applied For 6315 WESTGATE De 26 59-3133567 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be ORLANDO F۳ 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 82811 ORANGE □Ño 25 🗶 Yes 29 30 Personal Properly Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** 390 N ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) 1100 ORLANDO FL 32801 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 11 Till F Change Addition BROWN, DAVID C C. DAVID I NAME 1.2 NAME 390 N ORANGE AVENUE SUITE 1100 390 N. Orange Avenue, STREET ADDRESS 1.3 STREET ADDRESS Suite 1100 ORLANDO FL ORLANDO FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ROSEN, ROBERT T NAME 2.2 NAME Robert T. Rosen 390 N. ORANGE AVENUE., SUITE 1100 STREET ADDRESS 2.3 STREET ADDRESS 390 N. Orange Avenue. Suite 1100 **ORLANDO FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE ALLIGOOD, RANDAL M NAME 3.2 NAME 390 N. ORANGE AVENUE, SUITE 1100 STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE MYERS, JANICE NAME 4. 2 NAME 390 N. ORANGE AVENUE, SUITE 1100 STREET ADDRESS 4.3 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change Addition DELETE TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 for the recovier or trusted 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 in on an attachment with address.

SIGNATURE:

FILED

(407) 839-4200