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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # V51150



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90076 039 ***150.00

1. Corporation										
MARINA	LANDING, INC.									
Drive in al Class	of Pusings	Mailing Address			l					
-										
6315 WESTGATE DR. 7575 DR. PHILLIPS BLVD 4409- STE 305										
ORLANDO -L 92811 32835 ORLANDO FL 32819						DO NOT WRITE IN THIS SPACE				
US		US				ncorporated or Qualifed			}	
			· · ·			<u>6/1992</u>				
	ace of Business	2a. Mailing Address			4. FEI N			_	plied For t Applicable	
21 63 5 Suite, Apt.	Westgate DR	Suite, Apt. #, etc.	· · · · · · ·			133567		\$8.75 A		
22 NONE		27			5. Certife	ate of Status Desired		Fee Re		
City & State		City & State		•	6 Electi	on Campaign Financing		\$5.00	May Be	
23 ORLA	. 61	28			I	Fund Contribution		Added t	· · · · · · · · · · · · · · · · · · ·	
Zip	Country	Zip	Country		8. This o	orporation owes the currer	nt year Intan	gible	_	
24 328	35 25 U.S	29	30			nal Property Tax.] Yes	□No	
	9. Name and Ad Iress of Currer t	Registered Agent			10. Nami	and Address of New Re	gistered Ag	ent		
E-0.C	CODDODATE SEDVICES OF CEN	TOAL ELODIDA	81	Name						
E&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N ORANGE AVENUE			82	Street	Address (P.O. Bo	x Number is Not Acceptab	le)			
Suite 1100			83							
ORLANDO FL 32801			63							
	1100 12 02001		84	City			FL	85 Zip (Code	
44 Duray ant i	to the provisions of Sections 607.0502	and 607 1508. Florida Statu	itos the above	named	corporation subn	its this statement for the p	urnose of ch	l anging its	registered	
office or re	egistered agent, or both, in the State of	Florida. Such change was	authorized by	the corpo	o ation's board of	directors. I hereby accept	the ar pointr	nent as re	gistered	
agent i ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Fi	Onua Statutes							
SIGNATURE	Signature, typed or printed rame of registered age it a	and title if applicable (NC T	E: Registered Agen	t signature n	e juired when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDIT	ONS/CHANGES TO OFF				
TITLE	Р	☐ DELETE	1.1 TITLE		P	DAVIO II	Į	Change	Addition Action	
NAME	BROWN, C. DAVID II		1.2 NAME		BROWN, C	ANGE AVE, SUI	TE 1100	11	BMMB	
STREET ADDF ESS				ADDRESS	20 0.00	F1 32801				
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-S	r-ZIP	JELANO			Change	Addition	
TITLE	V DOOGN DOOFDE T	☐ DELETE	2 1 TITLE				L			
NAME !	ROSEN, ROBERT T.	T 4400	2.2 NAME		[
STREET ADDRESS	390 N. ORANGE AVENUE., SUIT	E 1100	2.3 STREET						1	
TITLE	ORLANDO FL 32801 VP	□ DELETE	2.4 CITY-S 3.1 TITLE	1- ZIF	V ·	(NOT VP)		Change	Addition	
NAME	ALLIGOOD, RANDAL M		3.2 NAME		*	(142, 11)	,	~ ·		
STREET ADDRESS	390 N. ORANGE AVENUE, SUITI	F 1100	3.3 STREET	ADDRESS	1					
CITY-ST-ZIP	ORLANDO FL 32801	179	34 CITY-S							
TITLE	ST	☐ DELETE	4.1 TITLE		Í			Change	Addition	
NAME	MYERS, JANICE		4. 2 NAME							
STREET ADDITESS	390 N. ORANGE AVENUE, SUIT	E 1100	4.3 STREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32801		4.4 CITY-S	T-ZIP	<u></u>	· 				
TITLE		☐ DELETE	51 TITLE		P		1	Change	Addition	
NAME			5.2 NAME		HESAF H	CHILLIPS BL	No Su	NTE T	.o\$	
STREET ADDRESS			5.3 STREET		75/5 22	. THILLIP	- •			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	01214 ~40	, FL 32819		7.65	☐ 6 4 4 3 i a c	
TITLE		☐ DELETE	6.1 TITLE				ļ	Change	☐ Addition	
NAME			6.2 NAME	4000000						
STREET ADD RESS			6.3 STREET	ADDRESS	1					

14. I hereby certify that the inform ation 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 office 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 changing or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/19

(4,77) 839-: +200 Daytime Phone #