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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **V58290** **(0)**

1. Corporation Name
FLORIDA MARLINS OF BREVARD, INC.

Principal Place of Business	Mailing Address
2267 NW 199TH ST. MIAMI FL 33056	2267 NW 199TH ST. MIAMI FL 33056

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/18/1992	08/10/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **65-0354089** ☐ 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

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
801 BRICKELL AVE
24TH FLOOR
MIAMI FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	11 TITLE	☐ Change ☐ Addition
NAME	HUIZENGA, H WAYNE	12 NAME	
STREET ADDRESS	ONE BLOCKBUSTER PLAZA	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE V	☒ Change ☐ Addition
NAME	ANDERSEN, RICHARD L	22 NAME	500001471645
STREET ADDRESS	2267 NW 199TH ST	23 STREET ADDRESS	-05/02/95--01147--006
CITY-ST-ZIP	MIAMI FL 33056	24 CITY-ST-ZIP	****200.00 ****200.00
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	DOMBROWSKI, DAVID M	32 NAME	
STREET ADDRESS	2267 NW 199TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	34 CITY-ST-ZIP	
TITLE	VT	41 TITLE VTS	☒ Change ☐ Addition
NAME	MARINER, JONATHAN D	42 NAME	
STREET ADDRESS	2267 NW 199TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	44 CITY-ST-ZIP	
TITLE	V	51 TITLE P	XX Change ☐ Addition
NAME	SMILEY, DONALD A	52 NAME	
STREET ADDRESS	2267 NW 199TH ST.	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	54 CITY-ST-ZIP	
TITLE		61 TITLE D	☐ Change ☒ Addition
NAME		62 NAME	Rochon, Richard C.
STREET ADDRESS		63 STREET ADDRESS	200 South Andrews Avenue 6th FL
CITY-ST-ZIP		64 CITY-ST-ZIP	Ft. Lauderdale, Florida 33301

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)(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-27-95 (305)524-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard C. Rochon, Director

0424837 FP