

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

**FILED**  
**May 23 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 # V64371 (0)**  
 1. Corporation Name  
**INDIANTOWN MARINA, INC.**



Principal Place of Business: **16300 SW FAMEL AVE INDIANTOWN FL 34956**  
 Mailing Address: **16300 SW FAMEL AVE INDIANTOWN FL 34956-3537**

3. Date Incorporated or Qualified: **09/10/1992**  
 3a. Date of Last Report: **02/23/1996**

2. Principal Place of Business  
 21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address  
 26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

4. FET Number: **65-0356134**  
 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  
**DALE, MICHAEL L.**  
**5154 SE FEDERAL HWY**  
**STUART FL 34997**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 85. Zip Code: **FL**

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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINCOLN, SARA JANE</b>	1.2 NAME	
STREET ADDRESS	<b>16500 S.W. PINTO STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANTOWN FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINCOLN, RUSSELL ALLEN</b>	2.2 NAME	
STREET ADDRESS	<b>16500 S.W. PINTO STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANTOWN FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINCOLN, SARA JANE</b>	3.2 NAME	
STREET ADDRESS	<b>16500 S.W. PINTO STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANTOWN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINCOLN, RUSSELL A</b>	4.2 NAME	
STREET ADDRESS	<b>16500 SW PINTO STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANTOWN FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

000002200640  
 -06/04/97--01003--002  
 \*\*\*550.00

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 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: \_\_\_\_\_

CR2E034 (9/96)