

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 FEB 15 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000073345 (8)**

1. Corporation Name  
**MARINA MARKETPLACE, INC.**

Principal Place of Business      Mailing Address  
**1120 LASKIN RD.  
VIRGINIA BEACH VA 23451**      **1120 LASKIN RD.  
VIRGINIA BEACH VA 23451**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/06/1994</b>		3a. Date of Last Report	
21		26		4. FEI Number <b>Applied for</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
City & State		City & State		23		28	
Zip	Country	Zip	Country	24		25	
				29		30	

9. Name and Address of Current Registered Agent  
**SMITH, LAWRENCE W  
701 U.S. HWY. ONE  
SUITE 402  
NORTH PALM BEACH FL 33408**

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 then if applicable, NOTE: Registered Agent signature required when constituting

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, SANDRA H	1.2 NAME	
STREET ADDRESS	1120 LASKIN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, EDWARD S	2.2 NAME	<b>Delete Edward S Garcia</b>
STREET ADDRESS	1120 LASKIN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUGH, STEPHEN C	3.2 NAME	<b>Delete Stephen Baugh</b>
STREET ADDRESS	1120 LASKIN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILMER, ANDREA	4.2 NAME	
STREET ADDRESS	1120 LASKIN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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	<b>CH</b>

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\*\*\*\*200.00 \*\*\*\*200.00**

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 110.07(2)(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 of this report, or as an addendum with an address.

SIGNATURE: *Andrea Kilmer*      *Treas*      *1/24/95*      *8044223077*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number