

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

**FILED**  
**Feb 24 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 # P95000046212**  
 1. Corporation Name  
**7 MILE MARINE CENTER, INC.**

Principal Place of Business: **1100 Overseas Hwy. Marathon, Fl. 33050**  
 Mailing Address: **1100 Overseas Hwy. Marathon, Fl. 33050**

3. Date Incorporated or Qualified: **6/14/95**      3a. Date of Last Report: **1/25/96**

4. FEI Number: **65-0596129**      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

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

22. City & State: **27**

23. Zip: **24**      Country: **25**

9. Name and Address of Current Registered Agent  
**Franklin D. Greenman, Esq.**  
**Greenman & Manz**  
**5800 Overseas Hwy, Suite 40**  
**Marathon, Fl. 33050**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b> <input type="checkbox"/> DELETE	NAME: <b>Charles Pierce</b>	11 TITLE: <b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>Charles Pierce</b>
STREET ADDRESS: <b>1 47th St., Gulf</b>	CITY-STATE-ZIP: <b>Marathon, Fl. 33050</b>	12 NAME: _____	13 STREET ADDRESS: <b>1 47th Street, Gulf</b>
TITLE: <b>VP</b> <input type="checkbox"/> DELETE	NAME: <b>Cale Nelson</b>	14 CITY-STATE-ZIP: <b>Marathon, Fl. 33050</b>	21 TITLE: <b>VP/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>1100 Overseas Hwy.</b>	CITY-STATE-ZIP: <b>Marathon, Fl. 33050</b>	22 NAME: <b>Cale Nelson</b>	22 NAME: <b>Cale Nelson</b>
TITLE: <b>S</b> <input type="checkbox"/> DELETE	NAME: <b>Sherry Gifford</b>	23 STREET ADDRESS: <b>1100 Overseas Hwy.</b>	23 STREET ADDRESS: <b>1100 Overseas Hwy.</b>
STREET ADDRESS: <b>1100 Overseas Hwy</b>	CITY-STATE-ZIP: <b>Marathon, Fl. 33050</b>	24 CITY-STATE-ZIP: <b>Marathon, Fl. 33050</b>	24 CITY-STATE-ZIP: <b>Marathon, Fl. 33050</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>James Pierce</b>	31 TITLE: _____	31 TITLE: <b>S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>1 47th Street</b>	CITY-STATE-ZIP: <b>Marathon, Fl. 33050</b>	32 NAME: _____	32 NAME: <b>Sherry Gifford</b>
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	33 STREET ADDRESS: _____	33 STREET ADDRESS: <b>1100 Overseas Hwy.</b>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	34 CITY-STATE-ZIP: _____	34 CITY-STATE-ZIP: <b>Marathon, Fl. 33050</b>
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	41 TITLE: _____	41 TITLE: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	42 NAME: _____	42 NAME: _____
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	43 STREET ADDRESS: _____	43 STREET ADDRESS: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	44 CITY-STATE-ZIP: _____	44 CITY-STATE-ZIP: _____
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	51 TITLE: _____	51 TITLE: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	52 NAME: _____	52 NAME: _____
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	53 STREET ADDRESS: _____	53 STREET ADDRESS: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	54 CITY-STATE-ZIP: _____	54 CITY-STATE-ZIP: _____
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	61 TITLE: _____	61 TITLE: <b>000002096320</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	62 NAME: _____	62 NAME: <b>-02/25/97--01034--014</b>
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	63 STREET ADDRESS: _____	63 STREET ADDRESS: <b>***165.00</b>
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	64 CITY-STATE-ZIP: _____	64 CITY-STATE-ZIP: _____

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 indicates 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: *Sherry Gifford*      S/T/D      **SHERRY GIFFORD**      Date: **2/19/97**      (305) 743-3960

CR2E034 (9/96)

*VB224*