DOCUMENT # P9500046212 1. Entity Name 7 MILE MARINE CENTER INC.						FILED Jan 11, 2001 8:00 am Secretary of State				
Principal Place	o of Rusinoss	Mailing Address			_	01-11-2001	_			
1100 OVERSEAS MARATHON FL US	S HWY	1100 OVERSEAS HWY MARATHON FL 33050 US								
2. Principal Pl	lace of Business	3. Mailing Address				DO NOT WRITE IN THIS SPACE				
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.								
City & State		City & State			4. F	El Number 65-0596129			plied For t Applicable	
Zip	Country	Zip	Count	ry	5. 0	Certificate of Status Desired		8.75 Add ee Required		
	6. Name and Address of Current F	Registered Agent	Name		7. N	ame and Address of New Re	gistered Ag	ent		
GREENMAN, FRANKLIN D 5800 OVERSEAS HIGHWAY				Street Address (P.O. Box Number is Not Acceptable)						
SUIT! MAR/	E 40 ATHON FL 33050			City			FL	Zip Code)	
	named entity submits this statement for	the purpose of changing its re	egistere	d office or reg	istered age	ent, or both, in the State of Flori	da.	1	-]	
SIGNATURE _	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	Registered	Agent signature red	quired when re	nstating)	DATE			
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta								
11.	OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	3 IN 11	
TITLE NAME	PD PIERCE, CHARLES	☐ Delete	TITLE NAME	I			[Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1-47TH ST. GULF MARATHON FL	4/ In St. GOLF		T ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS	VPD NELSON, CALE 1100 OVERSEAS HWY						l	Change	Addition	
-eity-st-zip►	MARATHON FL CIT		- CITY-	ST-ZIP ~		بالشهادي المستداري و المهمجر عي. المستدادي المستداري الم			مانانالله ا	
TITLE NAME STREET ADDRESS	PIERCE, JAMES 1-47TH ST. GULF			T ADDRESS			l	Change	☐ Addition (
CHY-ST-ZIP TITLE NAME	STD Delete TITI		TITLE NAME	ST-ZIP				Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1100 OVERSEAS HWY			T ADDRESS ST-ZIP						
TITLE NAME	D RIEGOR, JOHN	☐ Delete	TITLE			ï		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1100 OVERSEAS HWY MARATHON FL 00000	Cn		T ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ET ADDRESS ST-ZIP			[Change	Addition	
13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: When SHORD SHORD 1/5/01 305-743-3960 SIGNATURE SIGNATURE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										