

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000010582 (9)**

1. Corporation Name

FORT LAUDERDALE MARINE CENTER, INC.

Principal Place of Business

**C/O GREENBERG TRAUIG HOFFMAN LIPOFF
515 E LAS OLAS BLVD. STE 1500
FORT LAUDERDALE FL 33301**

Mailing Address

**C/O GREENBERG TRAUIG HOFFMAN LIPOFF
515 E LAS OLAS BLVD. STE 1500
FORT LAUDERDALE FL 33301**

FILED
98 FEB 12 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/03/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0736302	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No XNA	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81	Name NON TANGIBLE PROPERTY
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 reinstating) DATE _____

OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DEPT PRESIDENT / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Selvin Passen, M.D.
1.3 STREET ADDRESS	P.O. Box #12246 NA
1.4 CITY-ST-ZIP	ZEPHYR COVE, NV 89448
2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARTIN I. PASSEN, M.D.
2.3 STREET ADDRESS	2515 BOSTON ST - R5
2.4 CITY-ST-ZIP	BALTIMORE, MD 21224
3.1 TITLE	SECRETARY / TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DORA P. NAOR
3.3 STREET ADDRESS	10 MANSEL DRIVE
3.4 CITY-ST-ZIP	BALTIMORE, MD 21136
4.1 TITLE	REGISTERED AGENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	300002432219 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-02/17/98-701008-011
5.3 STREET ADDRESS	****150.00
5.4 CITY-ST-ZIP	7 2-12
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: **Selvin Passen, M.D. PRESIDENT** 1/27/98 702-588-0246

CR2E034 (10/97)