

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90238 043 ***150.00

DOCUMENT # P97000010582

1. Entity Name
FORT LAUDERDALE MARINE CENTER, INC.



Principal Place of Business
2001 SW 20TH ST
FORT LAUDERDALE, FL 33315

Mailing Address
C/O SELVIN PASSE M.D
2001 SW 20TH ST
FORT LAUDERDALE, FL 33315

20044000



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0736302

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, DAVID G
14011 E. BROWARD BLVD., #200
FORT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PASSEN, SELVIN MD
STREET ADDRESS	2001 SW 20TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	VP
NAME	PASSEN, MARTIN I MD
STREET ADDRESS	2515 BOSTON ST P6
CITY-ST-ZIP	BALTIMORE, MD 21224
TITLE	T
NAME	XXXXXXXXXX NAOR, DORA P
STREET ADDRESS	XXXXXXXXXX 10 MANUEL DR.
CITY-ST-ZIP	REISTERTOWN, MD 21136
TITLE	S
NAME	PASSEN, SYLVIA H
STREET ADDRESS	2001 SW 20TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #