

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90043 048 \*\*\*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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0736302

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME PASSEN, SELVIN MD  
STREET ADDRESS 2001 SW 20TH ST  
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE PD ☒ Change ☐ Addition  
NAME Passen, Selvin MD  
STREET ADDRESS 2019 SW 20 ST #108  
CITY-ST-ZIP Fort Lauderdale, FL 33315

TITLE VP ☒ Delete  
NAME PASSEN, MARTIN I MD  
STREET ADDRESS 2515 BOSTON ST P6  
CITY-ST-ZIP BALTIMORE, MD 21224

TITLE VP ☒ Change ☐ Addition  
NAME Passen, Martin MD  
STREET ADDRESS 1107 West Wicke Lane  
CITY-ST-ZIP Lutherville, MD 21093

TITLE T ☒ Delete  
NAME NAOR, DORA O  
STREET ADDRESS 10 MANSEL DR  
CITY-ST-ZIP REISTERTOWN, MD 21136

TITLE T ☒ Change ☐ Addition  
NAME Passen, Dora  
STREET ADDRESS 216 St. Dunstons Road  
CITY-ST-ZIP Baltimore, MD 21212

TITLE S ☒ Delete  
NAME PASSEN, SYLVIA H  
STREET ADDRESS 2001 SW 20TH ST  
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE S ☒ Change ☐ Addition  
NAME Passen, Sylvia H  
STREET ADDRESS 2019 SW 20 St. #108  
CITY-ST-ZIP Fort Lauderdale, FL 33315

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #