FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT CORPORATION ANNUAL REPORT 00-JAN 24 PM 3: 20 DOCUMENT # 1. Corporation Name SECRETARY OF STATE POWER PLAY MARINE, INC. Principal Place of Business Mailing Address 2740 NW 29 TERR 2740 NW 29 TERR FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/30/1982 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-2188670 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip 8. This corporation owes the current year Intangible Zip Country ☐ Yes □No 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BEINKE, EDWARD A Street Address (P.O. Box Number is Not Acceptable) 4875 N. FEDERAL HWY. FT. LAUDERDALE FL 33308 83 Zip Code 84 City 85 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. DELETE Change Addition TITLE 1.1 TITLE WEINSTEIN, DANIEL S 1.2 NAME NAME 3050 NE 41 ST 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 2.1 TITLE TITLE TD **800003114**33**8**----01/28/00--01047--008 2.2 NAME NAME WEINSTEIN. DANIEL S 3050 NE 41 ST 2.3 STREET ADDRESS STREET ADDRESS \*\*\*\*150.00 FT. LAUDERDALE FL 2. 4 CITY+ST-ZIP CITY-ST-ZIP ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS ¥\*\*\*150.00 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIF 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 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 trustige empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

an address, with all other like empowered. Block 12 or Block 13 if changed, or on

SIGNATURE:

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