

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Cecilia D. Morrison
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 PH 2: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01690 (1)

1. Corporation Name
FORT LAUDERDALE MARINA HOLDING CORP.

Principal Place of Business: 1515 S.W. 20TH STREET FT. LAUDERDALE FL 33315-1821
Mailing Address: 11947 PEBBLEWOOD DR. UNIT 602 WEST PALM BCH. FL 33414 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/13/1989
3a. Date of Last Report: 10/17/1994
4. FEI Number: 59-1409143
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24
2b. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent
**HATCH, IRA C., JR., ESQ.
100 N.E. 3RD AVENUE, #900
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
81 Name: **Robb R. Maass**
82 Street Address (P.O. Box Number is Not Acceptable): **321 Royal Poinciana Plaza South**
83
84 City: **Palm Beach** 85 Zip Code: **FL 33480**

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: *[Signature]* **ROBB R. MAASS** 4/18/95
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MATTHEWS, ROBERT V.
STREET ADDRESS	11847 PEBBLEWOOD DR., UNIT 602
CITY-ST-ZIP	WEST PALM BCH. FL
TITLE	DS
NAME	FOURNIER, STEVEN A
STREET ADDRESS	501 NORTHFIELD RD.
CITY-ST-ZIP	WATERTOWN CT 06795
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *[Signature]* 3/31/95 (203) 575-0700
Signature and typed or printed name of signing officer or director Date (Type in Press 7)
Steven A. Fournier, Secretary