

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
**XXXXXXXXXXXXXXXXXXXX
UNIT 602
XXXXXXXXXXXXXXXXXXXX
CT**

3. Date Incorporated or Qualified 07/13/1989	3a. Date of Last Report 04/21/1995
4. FEI Number 59-1409143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address Matthews Ventures
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc. 59 Elm Street
22. City & State	27. City & State New Haven, CT
23. Zip	28. Zip 06510
24. Country	29. Country USA

9. Name and Address of Current Registered Agent

**ROBB R MAASS
321 ROYAL POINCIANA PLAZA SOUTH
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81. Name	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MATTHEWS, ROBERT V.	
STREET ADDRESS	11847 PEBBLEWOOD DR., UNIT 602	
CITY-ST-ZIP	WEST PALM BCH. FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FOURNIER, STEVEN A	
STREET ADDRESS	501 NORTHFIELD RD.	
CITY-ST-ZIP	WATERTOWN CT 06795	
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		

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fournier, Steven A.	
2.3 STREET ADDRESS	501 Northfield Rd.	
2.4 CITY-ST-ZIP	Watertown, CT 06795	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Donnarumma, Francis M.	
3.3 STREET ADDRESS	20 Hurd's Hill Rd.	
3.4 CITY-ST-ZIP	Woodbury, CT 06798	
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		

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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 119.07(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: **Francis M. Donnarumma, Secretary** 4/28/96 (203) 662-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **5-5-96**

CR2E034 (12/95)