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

PROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

ROBB R MAASS

321 ROYAL POINCIANA PLAZA SOUTH

L01690 **DOCUMENT #**

(1)

FORT LAUDERDALE MARINA HOLDING CORP.

FORT LAUDERDALE MARINA						
Principa! Place of Business	Mailing Address	Liffilli fil derst were muse rem				
1515 S.W. 20TH STREET FT. LAUDERDALE FL 33315-1821	KMX)EBIDKWWXFDBXXXX					
	WHELEOF WAS TOTAL MARKET THE SERVICE USE	 Date Incorporated or Qualified 07/13/1989 	Last Report 21/1995			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For		
2. Principal Place of Busiliess	26 Hatthews Ventures	59-1409143		Not Applica		
21	Suite Ant # etc	- On title and of Challes Decired	€el	\$8.75 Additional		

2.	2. Principal Place of Business		. 28	26 Latthews Ventures		59-1409143			Not Applicable			
21	Suite, Apt. #, etc			Suite, Apt. #, etc.				5.	Certificate of Status Desired	K	\$8.75 Additional Fee Required	
22	City & State		27	City & State				6.	Flection Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees itangible tax under s 199.032, No spistered Agent		
23	Zip Country			28 New Haven, 2p 06510		Country 30 USA		8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes No				
24	g. Name	25 and Address of Cu				81	Name	10	Name and Address of New Re	gistered	Agent	
	RORR R MAASS					82		ess (P	O. Box Number is Not Acceptable	e)		

83 PALM BEACH FL 33480 Zip Code 85 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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whether taken of process have of rejector layers and the	Lancecolor (NOT	le - Regisleren Agent sejnat ze ra	or real where the ISM ISM IN		9C INI 12		
	CTORS	13.					
PTD	DELETE	: 1 1 TULE		Chlange			
MATTHEWS, ROBERT V.		1.2 NAME					
11847 PEBBLEWOOD DR., UNIT 6	02	13 STREET ADDRESS					
		1.4 CHY+SI+ZIP		Change	Add tion		
	DELETE	2.1 1111.5	D Storen A	Change			
		2.2 NAME	501 Northfield Rd.				
		23 STREET ADDRESS	Watertown CT^06795				
		2.4 CHY-\$1-ZIF		Change	Addition		
	☐ DELETE	3 1 TITLE		☐ Griange	(<u>a</u>		
		3.2 NAME	20 Findle Will Dd				
		3.3 STREET ADDRESS	ZU FAILG S HILL RG.				
		3.4 CiTY - ST - ZiP	Boochury, CI 00790	C) Change	☐ Addit.on		
	☐ DE1.FTE	4 1 THILE		Onlings			
		4.2 NAME					
		4.3 STREET ADDRESS					
		4.4 CHY - ST - ZIP		Change .	1 Addition		
	DELETE	5 1 THILE			☐ X30.000		
		5.2 NAME	200001829	1442			
		5.3 STREET ADDRESS	T-05/20/9601048	016			
		5.4 CHY-ST-ZIP	***208.75		Addition		
	DELETE	6 1 TITLE		□1 Change	LI reconton		
		6.2 NAME					
	~*\	6.3 STREET ADDRESS					
		6.4.C+TY+S1-Z+P	1 2007-110070	MA Elorida Stati	rtes I furtiner		
	OFFICERS AND DIRE PTD MATTHEWS, ROBERT V.	OFFICERS AND DIRECTORS PTD	DELETE D	PTD DELETE DELETE	PTD OFFICERS AND DIRECTORS 13. ADDITIONS:CHANGES TO OFFICERS AND DIRECTOR PTD MATTHEWS, ROBERT V. 11847 PEBBLEWOOD DR., UNIT 602 WEST PALM BCH. FL DS FOURNIER, STEVEN A 501 NORTHFIELD RD. WATERTOWN CT 06795 DELETE TITLE 3 STREEL ADDRESS 3 4 G/TY-S1-2P A STREEL ADDRESS 3 4 G/TY-S1-2P DELETE DELETE DELETE DELETE TITLE 3 STREEL ADDRESS 3 4 G/TY-S1-2P DELETE DELETE DELETE TO DEL		

14. I do hereby certify that the information supplied with the fling 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 finuid report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this finuid report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapted, or en all attachment with an address. 4/28/96 (205)562-1000 Francis M. Donnarumma, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

6-1-96