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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996 **DOCUMENT #**

DIVISION OF CORPORATIONS 5-1-96,8-5189

1ST PERFORMANCE MARINE TRANSPORTATION, INC.						
Principal Place of Business Mailing Address						Mitt Midit Eifer Mifte Alfte Anter Mifte Affet imme
807 SE 16TH CT N 807 SE 16TH CT N FORT LAUDERDALE FL 33316 FORT LAUDERDALE I			FL 33316			
					 Date Incorporated or Qualified 09/29/1989 	3a. Date of Last Report 04/04/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0156539	Not Applicable
Suite, Apt. #		Suite, Apt #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζρ	Countr	У	8. This corporation has liability for in Florida Statutes Yes	
24	9. Name and Address of Curre	[29] ent Registered Agent	30		10. Name and Address of New Re	
	e, Haine and Address of Cult	registered Agent	8	1 Name	19. 1101110 0110 11001000 01 11011 11	-g
CARLITO	A TANES E					
CAPUTO, JAMES J. 807 SE 16TH CT N			6:	Street Add	lress (P.O. Box Number is Not Acceptabl	0)
	AUDERDALE FL 33316		8:	3		
			8-	4 City		FL 85 Zip Code
SIGNATURE 12. TITLE	Ray niture, typed or partiel in an ellor registered and OFFICERS A	D James T. Cop CONDITION OF THE CLORE DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
NAME Street address	CAPUTO, JAMES J. 807 SE 18TH CT N		1.2 NAME 1.3 STREE	ET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL		1.4 CrTY	-ST-ZiP		
TITLE		[]] DELETE	2 1 Tr'Ll	E		Change Addition
NAME			2.2 NAMI			
STREET ADDRESS				ET ADDRESS		
City-ST-ZIP TITLE		DELFTE	24 CITY 3-1 OIU			Change Addition
NAME			3 2 NAMI			
STREET ADDRESS			i i	EE1 ADDRESS		
CHY-ST-ZIP			3.4 CITY			
TITLE		☐ DELETE	4 1 THL	E		Change Addition
NAME			4 2 NAM	f		
STREET ADDRESS			4 3 STHE	er address		
CITY-ST-ZIP			4.4 Cilly	- ST - ZIF'		
TITLE		DELETE	5 11.11	£		☐ Change ☐ Addition
NAME			5.2 NAM	1		
STREET ADDRESS				FT ADDRESS		
CITY - ST - ZIP		T DOLLES	5.4 CiTY			Change Change
TITLE		DELETE	6 1 TITL			Change Addition
NAME			6.2 NAM	i		
STREET ADDRESS				FT ADDRESS		
CITY - ST - ZiF	<u>i </u>		6.4 CHY	- S1 - 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 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 comporation 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 changed, or on an attachment with an address

SIGNATURE:

4/45/86 305.7635364