

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED  
97 JUL 25 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L19375 (9)  
1. Corporation Name  
1ST PERFORMANCE MARINE TRANSPORTATION, INC.



Principal Place of Business  
807 SE 16TH CT N  
FORT LAUDERDALE FL 33316  
20805 W. 45th St. #8  
Ft. Lauderdale FL 33315

Mailing Address  
807 SE 16TH CT N  
FORT LAUDERDALE FL 33316  
20805 W. 45th St. #8  
Ft. Lauderdale FL 33315

DO NOT WRITE IN THIS SPACE

|  |  |  |
|--|--|--|
| 2. Principal Place of Business<br>21 20805 W. 45th St #8<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>25 20805 W. 45th St #8<br>Suite, Apt. #, etc.<br>26<br>City & State<br>27<br>Zip<br>28<br>Country<br>29 | 3. Date Incorporated or Qualified<br>09/29/1989<br>3a. Date of Last Report<br>05/01/1996<br>4. FEI Number<br>65-0156539<br>5. Certificate of Status Desired<br>6. Election Campaign Financing<br>Trust Fund Contribution<br>7. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30.<br>8. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|--|--|--|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPUTO, JAMES J.  
807 SE 16TH CT N  
FORT LAUDERDALE FL 33316

81 Name CAPUTO JAMES J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
20805 W. 45th St. #8  
83  
84 City Ft. Lauderdale FL 85 Zip Code 33315

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 required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS   |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
|--|---------------------------------|---|---|
| TITLE<br>D<br>NAME<br>CAPUTO, JAMES J.<br>STREET ADDRESS<br>807 SE 16TH CT N<br>CITY-ST-ZIP<br>FT. LAUDERDALE FL | <input type="checkbox"/> DELETE | 1.1 TITLE<br>President<br>1.2 NAME<br>James J. Caputo<br>1.3 STREET ADDRESS<br>20805 W. 45th St. #8<br>1.4 CITY-ST-ZIP<br>Ft. Lauderdale FL 33315 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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 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 \_\_\_\_\_ 7/23/97 (001) 911 1111

CR2E034 (4/97)