FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

May 04 1998 8:00am

Secretary of State

DOCUMENT # L72633 (5) PERFORMANCE MARINE DOCKSIDE SERVICES, INC.							
Principal Place of Business Marring Address						{	
1800-3 NW 40TH COURT POMPANO BEACH FL 33064 US		1900-3 NW 40TH COURT POMPANO BEACH FL 33064 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				<u>.</u>		05/14/1990	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0221378 Not Applicable \$8.75 Additional		
22		27				5. Certificate of Status Desired Fee Required	
City & State		City & State				Election Campaign Financing \$5.00 May Be	
Zip Country		Zip Country			Trust Fund Contribution Added to Fees		
24	25] 29]		30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current		1301			10. Name and Address of New Registered Agent	
FELDMAN, ROBERT 301 CRAWFORDVILLE BLVD. STE. 201 BOCA RATON FL 33432			ļ.	82 83		ess (P.O. Box Number is Not Acceptable)	
				84 City		FL 85 Zip Code	
agent. I al	in familiar with, and accept the obligation of t	tions of Section 607 5 505, I tradition applicable (N	forida Stati	лes.		ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	DELFT E	1.1 1 1	LF		Change Addition	
NAME	SULLIVAN, PATRICK M		1.2 NA	ΛİF	Ì		
STREET ADDRESS	1900-3 NW 40TH COURT	MINIMA DELOU EL			DDRESS		
CITY-ST-ZIP TITLE	POMPANO BEACH FL	DELETE		1.4 CHY-SI-ZIP 2.1 THUE		Change Addilion	
NAME	SULLIVAN, PATRICK M	Laptor of	2.2 NA			Change E Aconon	
STREET ADDRESS	4000 A BRIL ACTU COURT			2.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL		2. 4 CH	2. 4 CITY - ST - 7IP			
TITLE		DELETE	3.1 T(T)	3.1 TITLE		Change Addition	
NAME			3.2 NA/				
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE				34 CITY-ST-7IP 41101E		Change Addition	
NAME		_ well	4 2 NAME				
STREET ADDRESS			4.3 STHEET ADDRESS		DDRESS		
CITY-ST-ZIP			4.4 CHY- ST- 7(P				
TITLE		☐ DELETE	TÉ 5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS					DDRESS		
CITY-ST-ZIP TITLE				5.4 GNY - ST - ZIP 6 1 TITLE		Change Addition	
NAME			6 2 NA			Addition	
STREET ADDRESS					DDR£SS		
CITY-ST-ZIP			6.4 CIT				

14. I 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 eath; that I am an officer of director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607, or on an attachment with a puddress.