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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N12763 (1)

1. Corporation Name  
MARINE INDUSTRIES ASSOCIATION OF PALM BEACH COUNTY, INC.



Principal Place of Business Mailing Address  
P.O. BOX 12661 P.O. BOX 12661  
LAKE PARK FL 33403 LAKE PARK FL 33403-0661

3. Date Incorporated or Qualified 12/30/1985  
3a. Date of Last Report 02/07/1996

2. Principal Place of Business 2a. Mailing Address  
21 13205 U.S. Hwy. One 26 13205 U.S. Hwy One  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite 531 27 Suite 531  
City & State City & State  
23 Juno Beach, Florida 28 Juno Beach, Florida  
Zip Country Zip Country  
24 33408 25 U.S.A. 29 33408 30 U.S.A.

4. FEI Number 59-2834931 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
HALSTEAD, ROBERT DEFORD JR.  
825 US HIGHWAY ONE  
SUITE 282  
JUPITER FL 33458

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIPERT, KAY	
STREET ADDRESS	98 LAKE DRIVE	
CITY-ST-ZIP	PALM BEACH SHORES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DANIELLO, LOU,	
STREET ADDRESS	10456 RIVERSIDE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MORGAN, RICK	
STREET ADDRESS	112 LAKESHORE DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HODGE, CHRISTOPHER B.	
STREET ADDRESS	2180 IDLEWILD RD.	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPRAGUE, JOHN.	
STREET ADDRESS	108 OLD SLIP ROAD.	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DOBBS, KELLY	
STREET ADDRESS	1037 MARINA DR	
CITY-ST-ZIP	N PAL BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<del>Robert</del> Dobbs, Kelly	
1.3 STREET ADDRESS	1037 Marina Dr	
1.4 CITY-ST-ZIP	North Palm Beach, FL 33408	
2.1 TITLE	V-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Morgan, Rick	
2.3 STREET ADDRESS	112 Lakeshore Drive	
2.4 CITY-ST-ZIP	North Palm Beach, FL 33408	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Murphy, Martin	
3.3 STREET ADDRESS	1615 Cline Ave	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Murray, Josh	
4.3 STREET ADDRESS	98 Lake Dr.	
4.4 CITY-ST-ZIP	Palm Beach Shores, FL 33404	
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		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)