FILE NOW: FILING FEE IS $61.25

FILED
May 03, 1999 8:00 am
Secretary of State
05-03-1999 90047 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12763**

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

Principal Place of Business	Mailing Address
13205 US HWY ONE SUITE 531 JUNO BEACH FL 33408 US	13205 US HWY ONE SUITE 531 JUNO BCH FL 33408 US

470699 - 90047 - 12

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/30/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2834931 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HALSTEAD, ROBERT DEFORD JR.
825 US HIGHWAY ONE
SUITE 262
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DOBBS, KELLY		1.2 NAME	William Yeargin	
STREET ADDRESS	1037 MARINA DR		1.3 STREET ADDRESS	4200 Poinsettia Ave.	
CITY-ST-ZIP	NORTH PALM BCH FL		1.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	T	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	DANIELLO, LOU,		2.2 NAME	Kelly Dobbs	
STREET ADDRESS	10456 RIVERSIDE DR		2.3 STREET ADDRESS	180 E. 13th Street	
CITY-ST-ZIP	PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP	Riviera Beach FL 33404	
TITLE	P	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MORGAN, RICK		3.2 NAME	Charles Isiminger	
STREET ADDRESS	112 LAKESHORE DRIVE		3.3 STREET ADDRESS	649 US Highway 1 #9	
CITY-ST-ZIP	NORTH PALM BEACH FL		3.4 CITY-ST-ZIP	North Palm Beach FL 33408	
TITLE	VP	☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	MURRAY, JOSH		4.2 NAME		
STREET ADDRESS	98 LAKE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH SHORES FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, MARTIN		5.2 NAME		
STREET ADDRESS	CRACKER BOY BOAT WORKS		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33404		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BISING, GUY C		6.2 NAME		
STREET ADDRESS	13205 US HWY ONE, STE 531		6.3 STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH FL 33408		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-28-99 561-624-9092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #