FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTME<mark>NT DE ST</mark>ATE

1, indrá B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600000851 (3)

DANIA MARINE TRADES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
490 TAYLOR LANE	P.O. BOX 686

FILED Jun 17 1997 8:00am Secretary of State

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DANIA FL 3300	4	DANIA FL 33004-0686							
						3. Date Incorporated or Qualified 02/16/1996	3a. Dat	e of Last	Report
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	··L	A	pplied For
21	26					65-0645-664		N	lot Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\Box	,	Additional
22		City & State					· -	Required	
City & State									May Be
Zip	Country	28	Cou	intry					to Fees
24	25	29	30			8. This corporation has liability for in		ax under No	s. 199,032,
	9, Name and Address of Curren		190	Г		10. Name and Address of New Re		_	
	_			81	Name				
AMERILA	WYER CHARTERED		İ	20	Otro - L A da	(DO D. M. L. L. L. M. M.	(- X		
	IERIA AVENUE			82	Street Add	lress (P.O. Box Number is Not Acceptab	ie)		
	GABLES FL 33134			83					
1			ļ	64	011			Ianl T	
				04	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statu	tes, the al	pove	a-named cor	poration submits this statement for the p	urpose of o	changing	its registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was itions of, Section 617.0503, Fl	authorized orida Stat	d by utes	the corpora 3.	poration submits this statement for the p ition's board of directors. I hereby accep	of the appo	intment a	s registered
SIGNATURE		•							
	Signature, typed or printed name of registered ager			d Age	int signature requ	red when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PD ALLEODODE O	DELETE	1.1 TII		[L	Change	☐ Addition
NAME	JAMES, THEODORE S		1.2 N/						
STREET ADDRESS	490 TAYLOR LANE				ADDRESS				
CITY-ST-ZIP TITLE	DANIA FL 33004 STD	DELETE	1,4 CO 2,1 TO		T-ZIP			Change	Addition
) ···		L DECENE	1		}		·	Change	F Modition
NAME OTREET ADDRESS	DRESS 490 TAYLOR LANE 23			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
STREET ADORESS CITY-ST-ZIP									
TITLE				3.1 TITLE				Change	Addition
NAME	MISER, SCOTT A		3.2 NA		1		•		
STREET ADDRESS	490 TAYLOR LANE				ADDRESS				
CITY-ST-ZIP	DANIA FL 33004				ST- ZIP				
TITLE				4.1 TITLE			7	Change	☐ Addition
NAME	WIESNER, LARRY		4.2 N	AME					
STREET ADDRESS	490 TAYLOR LANE		4.3 ST	REET	ADDRESS				
CITY-ST-ZIP	DANIA FL 33004		4.4 DO	TY-ST	T-ZIP				i
TITLE	D	☐ DELETE	5.1 70	TLE				Change	Addition
NAME	MCDONALD, IAN		5.2 NA	AME					
STREET ADDRESS	490 TAYLOR LANE		5.3 ST	REET	ADDRESS				
CITY-ST-ZIP				TY-\$1	T-ZIP	73107			
TITLE		☐ DELETE	6.1 TII				L	Change	☐ Addition
NAME			6.2 NA	AME					
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for				T-ZIP	dis 0. 11- 440 07/0/0 Fb. 11- 21- 11-	11.11		
14. i do heret	ov certify that the information supplied	with this filing does not qual	ify for the	exer	motion state	d in Section 119.07(3)(i), Ftorida Statutes	s. I further	certify tha	t the

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 his 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.

(26/6) /5