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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000083580 (8)

PALM BEACH MARINA HOLDING CORP.

FILED May 15 1998 8:00am Secretary of State



| Principal Place | e of Business | Mailing Addre | 55 | | | | 2 11191 91101 10111 0011 1091 | |
|-----------------|--|--|-------------------------------------|----------------------------|--|---|-----------------------------------|--|
| RIVER BEND | | | 59 ELM STREET New Haven CT 08510 | | | | | |
| 1515 SW 20T | | NEW HAVEN | | | | DO NOT WRITE IN THIS SPACE | | |
| FT CAUDERD | ALE FL 33315-1899 | | | | | 3. Date Incorporated or Qualified | NOL NOL | |
| | | | | | | 11/14/1994 | | |
| 9 Principal P | lace of Business | 2a. Mailing Ad | dress | | | 4. FEI Number | Applied For | |
| | iace of flushiess | | ul 699 | | | | | |
| Suite, Apt | # Ato | Suite, Apt. | # 610 | | | 65-0548511 | Not Applicable | |
| | | - 1 | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & Stat | | | | 0.5(-1)-0 | | |
| | e e e e e e e e e e e e e e e e e e e | | · | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | [28] Zip | | Country | | | | |
| 24 | 25 | t in | 3 | ~~ ´ | | 8. This corporation owes or has paid the current Personal Property Tax due June 30. | Yes No | |
| 24 | 9. Name and Address of Current | 29 Registered Agen | | | | 10. Name and Address of New Registered | | |
| | | | | 81 | Name | | | |
| | IRKOWITZ, DAVIS AND RINGEL, P | ·A. | | | | | <u> </u> | |
| | O DATRAN CENTER | NF | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | 30 \$ DADELAND BLVD SUITE 122 | :D | | 83 | | | | |
| MI | AMI FL 33156 | | | ြီ | | | | |
| | | | | 84 | City | PI | 85 Zip Code | |
| | | | | | | rL. | | |
| 11. Pursuant | to the provisions of Sections 607 0502 eg iste red agont, or both, in the State o | and 607.1508, Flo / Horida, Such ch | orida Statutes anno was aut | , the above thorized by | e-named cor the cornors | rporation submits this statement for the purpose of ation's board of directors. I bereby accept the app | changing its registered | |
| agent la | m familiar with, and accept the obligat | ions of, Section 60 | 7.0505, f lorid | da Statutes | i. | ation's board of directors. I hereby accept the app | Similar de logiste de | |
| SIGNATURE. | | | | | | | | |
| 0,0,4,1,0,1,0 | Signature, typical or printed transcribing steric largent | and blicings, 60 able. | (NOIL F | Ingistored Age | nt signature requ | uired when reinstating) DATE | | |
| 12. | OFFICERS AND | | b.b. com | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | | |
| TITLE | D | LJ | DELETE | 1 1 THLE | | | ☐ Change ☐ Addition | |
| NAME | MATTHEWS, ROBERT V. | | | 1.2 NAME | | | | |
| STREET ADDRESS | 11847 PEBBLEWOOD DRIVE # | 16 02 | | 1.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | W PALM BEACH FL 33414 | | | 1.4 CITY - S | F-ZIP | | | |
| TITLE | VO . | | DELETE | 2 1 TITLE | | S | ☐ Change ☐ Addition | |
| NAME | FOURNIER, STEVEN A. | | | 2.2 NAME | | | | |
| STREET ADDRESS | 501 N FIELD ROAD | | | 23 STREE1 | address | | | |
| CITY-ST-ZIP | WATERTOWN CT 06795 | | | 2. 4 CITY - 9 | iT - Z(P | | | |
| TITLE | PTD | X | DELETE | 3.1 TITLE | | | Change dition | |
| NAME | MATHEWS, ROBERT V | | | 3.2 NAME | | | F 11 | |
| STREET ADDRESS | 11847 PEBBLEWOOD DR #60 | 2 | | 3.3 STREET | ADDRESS | | | |
| City-St-ZIP | WEST PALM BEACH FL 33414 | | | 3.4. CHY - 9 | · · | | | |
| TITLE | \$ | | DELETE | 4.1 TILLE | | | Change Addition | |
| NAME | DONNARUMMA, FRANCIS M. | | | 4. 2 NAME | | | - - - | |
| STREET ADDRESS | 20 HURD'S HILL ROAD | | | 4.2 NAVIC | VPUDECC | | | |
| | WOODBURY CT 06798 | | | | | | | |
| CITY-ST-ZIP | #1000001 01 00/80 | | DELETE | 4.4 CITY - S 5.1 TITLE | 1 - £IF | | Change Addition | |
| TITLE | | ليا | DELETE | | | | - Orderige - Addition | |
| NAME | | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | 5.3 STREET | 1 | | | |
| CITY-ST-ZIP | | | DELETE. | 5.4 CITY - S | 1 - ZIP | | T 65 T 1,400 | |
| TITLE | | | DELETE | 6.1 THE |] | | Change Addition | |
| NAME | | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | | 6.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY - S | T-ZIP | | | |

Thereby 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 suppliemental 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 on 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 or the attachment with an address.

4/20/08 (203)562-1000