

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90013 042 \*\*\*550.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P94000083580**

1. Corporation Name  
**PALM BEACH MARINA HOLDING CORP.**

593036 - 90013 - 42



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**RIVER BEND MARINA  
 1515 SW 20TH STREET  
 FT LAUDERDALE FL 33315-1899**

Mailing Address  
**59 ELM STREET  
 NEW HAVEN CT 06510**

3. Date Incorporated or Qualified  
**11/14/1994**

4. FEI Number  
**65-0548511**

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 owes the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business  
 21 **21**

2a. Mailing Address  
 26 **26**

Suite, Apt. #, etc.  
 22 **22**

City & State  
 23 **23**

Zip Country  
 24 **24** 25 **25**

City & State  
 27 **27**

City & State  
 28 **28**

Zip Country  
 29 **29** 30 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARKOWITZ, DAVIS AND RINGEL, P.A.  
 TWO DATRAN CENTER  
 9130 S DADELAND BLVD SUITE 1225  
 MIAMI FL 33156**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MATTHEWS, ROBERT V.</b>
STREET ADDRESS	<b>11847 PEBBLEWOOD DRIVE #602</b>
CITY-ST-ZIP	<b>W PALM BEACH FL 33414</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>FOURNIER, STEVEN A.</b>
STREET ADDRESS	<b>501 N FIELD ROAD</b>
CITY-ST-ZIP	<b>WATERTOWN CT 06795</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DONNARUMMA, FRANCIS M.</b>
STREET ADDRESS	<b>20 HURD'S HILL ROAD</b>
CITY-ST-ZIP	<b>WOODBURY CT 06798</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Robert V. Matthews</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Steven A. Fournier</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE ROBERT V. Matthews** 7/15/99 (203)562-1000

CR2E034 (5/99)