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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000085778 (4)

FLORIDA MARITIME ASSOCIATION, INC.

Principa: Place of Business Mailing Address

440 PGA BLVD.. SUITE 205
PALM BEACH GARDEN FL 33410 PALM BEACH GARDEN FL 33410-6540

3. Date 10/1

## FILED Jan 27 1997 8:00am Secretary of State



|                            |  |                             |                 | 3. Date incorporated or Qualified 3a. Date of Last Report 10/17/1996 |  |                                       |
|----------------------------|--|-----------------------------|-----------------|--|--|---------------------------------------|
| 2. Principal Pla           | ace of Business                                    | 2a. Mailing Address         | 3               |  | 4. FEt Number  | Applied For                           |
| 21                         |  | 26                          |                 |  | 65-0710477   | Not Applicable                        |
|                            |  | Suite, Apt. #, etc          | Apt. #, etc.    |  | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required     |
| City & State               |  | City & State                |                 |  | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees        |
| Zip                        | Country<br>25                                      | Zip<br>29                   | 30 Cou          | intry  | 8. This corporation has liability for intar Florida Statutes                                       | ngible tax under s. 199.032,<br>as No |
|                            | 9. Name and Address of Curre                       | ent Registered Agent        |                 |  | 10. Name and Address of New Regist   | ered Agent                            |
| COR                        | EY, MICHAEL  |                             |                 | 81 Name  |  |                                       |
| 4440 PGA BLVD., SUITE 205  |  |                             |                 | 82 Street  | Address (P.O. Box Number is Not Acceptable)  |                                       |
| PALM BEACH GARDEN FL 33410 |  |                             |                 | Street Address (F.O. Box Northber is Not Acceptable)                 |  |                                       |
| , , takes                  |  |                             |                 | 83   |  |                                       |
|                            |  |                             |                 |  |  |                                       |
|                            |  |                             |                 | 84 City  |  | FL 85 Zip Code                        |
| office or re               | egistered agent, or both, in the Stat              | te of Florida. Such change  | was authorize   | d by the cor   | corporation submits this statement for the purpoporation's board of directors. I hereby accept the | ose of changing its registered        |
| agent. Lan<br>JGNATURE     | n familiar with, and accept the obli               | gations of, Section 607.056 | U5, Florida Sta | tules.   |  |                                       |
|                            | Signature, Typica or protect cause of registered a |                             |                 | d Agent signature  |  | ATE                                   |
| ž.<br>                     |  | ND DIRECTORS                | 13.             |  | ADDITIONS/CHANGES TO OFFICERS  |                                       |
| 1LE                        | D COPEY MICHAEL                                    | ☐ DELET                     |                 |  |  | Change Additi                         |
| AME                        | COREY, MICHAEL                                     | ,                           | 1.2 N           | -  |  |                                       |
| TREET ADDRESS              | 4440 PGA BLVD., SUITE 205                          |                             | 1.3 \$          | TREET ADDRESS  |  |                                       |
| ITY-SI-ZIP                 | PALM BEACH GARDENS FL                              |                             |                 | ITY-ST-ZIP   |  |                                       |
| ITLE                       | D DECKMANN APTIME                                  | ☐ DELET                     | <b>1</b>        |  |  | Change Additi                         |
| IAME                       | BECKMANN, ARTHUR                                   |                             | 2.2 N           | AME  |  |                                       |
| STREET ADDRESS             | 4440 PGA BLVD., SUITE 205                          |                             | 2.3 S           | treet adoress  |  |                                       |
| HTY-ST-ZIP                 | PALM BEACH GARDENS FL                              |                             |                 | CITY - ST - ZIP  |  |                                       |
| :TLE                       | D  | DELET                       | TE 3.1 T        | ITLE   |  | Change Additi                         |
| IAME                       | MCALLISTER, BRUCE A                                |                             | 3.2 N           | AME  |  |                                       |
| TREET ADDRESS              | 4440 PGA BLVD., SUITE 205                          |                             | 3.3 S           | TREET ADDRESS  | (  |                                       |
| DITY-ST-ZIP                | PALM BEACH GARDEN FL 3                             |                             |                 | CITY-ST-ZIP  |  | ·                                     |
| TITLE                      | D  | DELE                        | TE 4.1 T        | ITLE   |  | Change Addition                       |
| IAME                       | TORNABEN, PETER J                                  |                             | 4. 2            | NAME   |  |                                       |
| STREET ADDRESS             | 4440 PGA BLVD., SUITE 205                          |                             | 4.3 \$          | TREET ADDRESS  |  |                                       |
| CITY-ST-ZIP                | PALM BEACH GARDEN FL 3                             | 3410                        | 4.4 0           | ITY-ST-ZIP   |  |                                       |
| ITLE                       |  | DELET                       | TE 5.1 T        | ITLE   |  | Change Additi                         |
| AME                        |  |                             | 5.2 N           | IAME   |  |                                       |
| TREET ADDRESS              |  |                             | 535             | TREET ADDRESS  |  |                                       |
| CITY-ST-ZIP                |  |                             |                 | HTY-ST-ZIP   |  |                                       |
| TITLE                      |  | DELE                        |                 |  |  | Change Additi                         |
| NAME                       |  |                             | and the second  | IAME   |  | , ··· <del>-</del>                    |
| STREET ADDRESS             |  |                             |                 | TREET ADDRESS  |  |                                       |
|                            |  |                             |                 |  |  |                                       |
| City-St-ZiP                |  |                             | 6.40            | ITY-ST-ZIP   | 1  | •                                     |

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

SIGNATURE

Michael Corey Din

....

1/15/97 (561) 175-3335