

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90098 039 ***150.00

DOCUMENT # P96000085778

1. Corporation Name

FLORIDA MARITIME ASSOCIATION, INC.

Principal Place of Business

4440 PGA BLVD., SUITE 205
PALM BEACH GARDEN FL 33410

Mailing Address

4440 PGA BLVD., SUITE 205
PALM BEACH GARDEN FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1996

4. FEI Number

65-0710477

Applied For

Not Applicable

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 11380 Prosperity Farms Rd.

Suite, Apt. #, etc.

22 #104
City & State

23 Palm Beach Gardens, FL
Zip Country

24 33410

25

2a. Mailing Address

26 11380 Prosperity Farms Rd.

Suite, Apt. #, etc.

27 #104
City & State

28 Palm Beach Gardens, FL
Zip Country

29 33410

30

9. Name and Address of Current Registered Agent

COREY, MICHAEL
4440 PGA BLVD., SUITE 205
PALM BEACH GARDEN FL 33410

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
11380 Prosperity Farms Rd., #104

83

84 City
Palm Beach Gardens

FL

85 Zip Code
33410

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
COREY, MICHAEL
STREET ADDRESS 4440 PGA BLVD., SUITE 205
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ DELETE

NAME D
BECKMANN, ARTHUR
STREET ADDRESS 4440 PGA BLVD., SUITE 205
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ DELETE

NAME D
MCALLISTER, BRUCE A
STREET ADDRESS 4440 PGA BLVD., SUITE 205
CITY-ST-ZIP PALM BEACH GARDEN FL 33410

TITLE ☐ DELETE

NAME D
TORNABEN, PETER J
STREET ADDRESS 4440 PGA BLVD., SUITE 205
CITY-ST-ZIP PALM BEACH GARDEN FL 33410

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 11380 Prosperity Farms Rd., #104
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 11380 Prosperity Farms Rd., #104
2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 11380 Prosperity Farms Rd., #104
3.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 11380 Prosperity Farms Rd., #104
4.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

(561) 775-3333

CR2E034 (1/98)