

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:18

**DOCUMENT # V59955**

**(7)**

1. Corporation Name

**STEAMBOAT MARINE, INC.**

Principal Place of Business

Mailing Address

~~2305 PGA BLVD.~~ 2401 PGA BLVD.  
 PALM BEACH FL 33410

P.O. BOX 30308  
 PALM BEACH GARDENS FL 33420

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1992

3a. Date of Last Report

05/01/1994

4. Fil Number

65-0351419

Applied For  
 Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Election (Checkmark if desired)  
 Trust Fund Contribution

☐ \$5.00 May Be  
 Added to Fees

7. This corporation has liability for unreported tax under s. 193.032  
 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt # etc

26 Suite Apt # etc

22 City & State

27 City & State

23 Zip

28 Zip

29 Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPTZ, JOSEPH G**  
~~1225 U.S. HIGHWAY 1, SUITE 240~~  
**LOGGERHEAD PLAZA**  
**JUNO BEACH FL 33408**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**14255 US Hwy ONE, STE 240**

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

(Signature must be printed name of registered agent and the corporation)

(Signature must be printed name of registered agent and the corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                      |
|--------------------|--------------------------------------|
| 101 NAME           | <b>D</b>                             |
| 102 NAME           | <b>FIDLER, LOWELL S.</b>             |
| 103 STREET ADDRESS | <b>1081 SHERIDAN RD.</b>             |
| 104 CITY & STATE   | <b>HIGHLAND PARK IL 60035</b>        |
| 101 NAME           | <b>D</b>                             |
| 102 NAME           | <b>FINE, RICHARD</b>                 |
| 103 STREET ADDRESS | <b>401 N MICHIGAN AVE</b>            |
| 104 CITY & STATE   | <b>CHICAGO IL</b>                    |
| 101 NAME           | <b>S</b>                             |
| 102 NAME           | <b>RAFFERTY, MICHAEL</b>             |
| 103 STREET ADDRESS | <b>12087 EDGEWATER DR.</b>           |
| 104 CITY & STATE   | <b>PALM BEACH GARDENS FL 33410</b>   |
| 101 NAME           | <b>D</b>                             |
| 102 NAME           | <b>DEHILL, JOOP A.</b>               |
| 103 STREET ADDRESS | <b>3316 PINE HILL TRAIL</b>          |
| 104 CITY & STATE   | <b>PALM BEACH GARDENS, FL. 33418</b> |
| 101 NAME           |                                      |
| 102 NAME           |                                      |
| 103 STREET ADDRESS |                                      |
| 104 CITY & STATE   |                                      |
| 101 NAME           |                                      |
| 102 NAME           |                                      |
| 103 STREET ADDRESS |                                      |
| 104 CITY & STATE   |                                      |

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| 112 NAME           |  |
| 113 STREET ADDRESS |  |
| 114 CITY & STATE   |  |
| 111 TITLE          |  |
| 112 NAME           |  |
| 113 STREET ADDRESS |  |
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| 113 STREET ADDRESS |  |
| 114 CITY & STATE   |  |
| 111 TITLE          |  |
| 112 NAME           |  |
| 113 STREET ADDRESS |  |
| 114 CITY & STATE   |  |

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that this information is prepared on the basis of report or suggestion of a person who is a director, officer, or shareholder of the corporation and that the corporation shall have the same legal effect as if made under oath that it is an officer or director of the corporation or the receiver or other empowered to execute the duties as required by Chapter 107, Florida Statutes, and that the person appears in Block 12 or Block 13 as a director, officer, or receiver or other empowered to execute the duties as required by Chapter 107, Florida Statutes.

**SIGNATURE:** *Michael Rafferty*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/28/95* *407-624-2112*