## 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 #

101

**FILED** Mar 20 1998 8:00am Secretary of State

	STEVEDORING COMPAN	•	)			YAN 116N 814N 818Y 818K 481K
Principal Plac	se of Business	Mailing Address			<u> </u>	# # THE ENDER DISTRIBUTED !
2009 EASTPORT DR. 2009 EASTPORT DR.			DO.			
P O 80X 159		P O BOX 1597			· ·	
TAMPA FL 33	1601	TAMPA FL 33801		DO NOT WRITE IN THIS SPACE		
					<ol><li>Date Incorporated or Qualified 05/22/1962</li></ol>	
	Place of Business	2a. Mailing Addr	988		4. FEI Number	Applied For
21		26			59-0967961	Not Applicable
Suite, Apt. #, etc.		27 Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	0	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	<u> </u>		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	<del></del>	Country	8. This corporation owes or has paid the	
24	25	29	30	<del></del>	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Agent		81 Name	10. Name and Address of New Register	ad Agent
	DAMI,CIRO 96 GULF BLVD., #410					
			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
ST.PETE BCH. FL 33706				83		
				84 City	F	85 Zip Code
	to the provisions of Sections 607.0 registered agent, or both, in the St am familiar with, and accept the ob-	0502 and 607.1508, Floridate of Florida. Such chan oligations of, Section 607.	a Statutes, the ge was autho 0505, Florida	ne above-named cor prized by the corpora Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the	a of changing its registered appointment as registered
SIGNATURE	Signature, typod or printed name of registered	l agent and title if applicable	(NOTE: Reg	istered Agent signature requ	red when reinstating) DAT	
12.		AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DE		1.1 TITLE		Change Addition
NAME	BEDAMI, CIRO			1.2 NAME		[8]
STREET ADDRESS	5396 GULF BLVD., #410		8	1.3 STREET ADDRESS		إيّا
CITY - ST - ZIP	ST.PETE BCH. FL	DE		1.4 CITY - ST - ZIP		☐ Change ☐ Addition C
TITLE	VD BEDAMI IEANNE			2 1 TITLE		Change C1 Applition
NAME	BEDAMI, JEANNE 5396 GULF BLVD., #410			2 2 NAME		}
STREET ADDRESS	ST.PETE BCH. FL			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SI.FEIE DON. FL	DE		2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE		DE		4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP			1	4.4 CITY-ST-ZIP		
TITLE		☐ DE		5.1 TITLE		Change Addition
NAME			]	5.2 NAME		ļ
STREET ADDRESS			1	5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY - ST - ZIP		
TITLE		D£	ETE	6.1 TITLE		☐ Change ☐ Addition
NAME			1	6.2 NAME		
STREET ADDRESS			1	6.3 STREET ADDRESS		
CITY-ST-ZIP				6.4 CITY - ST - ZIP		
14. I nereby o	cerury that the information supplied	a with this tiling does not t	quality for the	e exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

Indicated on this annual report or supplied with this limit does not qualify lot in exemption stated in 19.07(3)(f), Florida Statutes. If 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 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 or in all achment with an address.

GNATURE:

SIGNATURE: