FILED

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90042 032 ***150.00

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

| 1. Corporation | MENT # 327758 S SHIPPING CORPORATION | | | ٠ | | |
|---|--|---|---------------------------|---|--|--|
| Principal Place | e of Business | Mailing Address | | | [#849.40 []] 1049 FRANCE FRANCE | il søst blæst minit nentt minit ætæst minit fææs |
| 1114 SW 3RD ST P O BOX 214 BOYNTON BEACH FL 33435 | | 1114 SW 3RD ST P O BOX 214 BOYNTON BEACH FL 33435 | | DO NOT WRITE 3. Date Incorporated or Qualified | E IN THIS SPACE | |
| | , | | | | 03/20/1968 | |
| 2. Principal Pi | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | 59-1259012 | Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | Fee Required | |
| City & State | | City & State | | e Flatin Canada Finada | | |
| — · | 8 | 28 | | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees | |
| 23 Zip | | | Country | | 8. This corporation owes the curre | |
| 24 | 25 | 29 30 | ı l | | Personal Property Tax. | ∐ Yes ⊯ No |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Re | gistered Agent |
| 0014 | EDOV JOIN O | | 81 | Name | | |
| POMEROY, JOHN C 1114 S W 3RD ST P O BOX 214 | | | 82 | Street A | Address (P.O. Box Number is Not Acceptab | ole) |
| BOYNTON BEACH FL 33435 | | | 83 | | | |
| | • | | 84 | City | | FL 85 Zip Code |
| agent. i ai SIGNATURE | to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the state o | ons of, Section 607.0505, Florida | a Statutes. | - | corporation submits this statement for the poration's board of directors. I hereby accept equired when reinstating) | DATE |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFF | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | ☐ Change ☐ Addition [|
| NAME | r omenous control | | 1.2 NAME | ļ | | Į. |
| STREET ADDRESS | 1 | | 1.3 STREET | | | |
| CITY-ST-ZIP | | | -1.4 CITY-ST 2.1 TITLE | | OV | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | f | LAUNA PAKK 355 BUCHAVISTA SANTHANCISCO, | |
| | ~1563·S.E.*HOLLY-ST:~~~ -~~- | | 2.3 STREET | ADDRESS | 355 BUCNAVISTA | OR ENSTATOOW |
| CITY-ST-ZIP | PORTLAND OR | | 2. 4 CITY-S | T-ZIP | SANFAANCISCO, | CA 415626 |
| TITLE | STD | ☐ DELETE | 3.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | DIAZ, DIANE | | 3.2 NAME | Ì | | |
| STREET ADDRESS | 2635 NW 41ST | 1 | 3.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | | 3.4. CITY- S | T-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | 1 | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | ļ | | |
| STREET ADDRESS | | ļ | 4.3 STREET | | | |
| CITY-ST-ZIP | | ☐ DELETE | 4.4 CITY-ST | r-zip | | ☐ Change ☐ Addition |
| TITLE NAME | | □ veceie | 5.1 TITLE 5.2 NAME | ĺ | | C) Ollange C) results |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | • | |
| CITY-ST-ZIP | | | 5.4 CITY-ST | | | |
| | Land of the Control o | ☐ DELETE | 6.1 TITLE | | | ☐ Change ☐ Addition |
| | ATTOKATE S | | 6.2 NAME | | | |
| STREET ADDRESS | Mr. Carley Co. | | 6.3 STREET | ADDRESS | | |

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.

6.3 STREET ADORESS 6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP