

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

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90002 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 2000 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857553

1. Corporation Name

SEABOARD MARINE, LTD., INC.

Principal Place of Business

8050 N.W. 79TH AVE.
MIAMI FL 33166
US

Mailing Address

8050 N.W. 79TH AVE.
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1983

4. FEI Number

59-2314805

Applied For

(Not Applicable)

5. Certificate of Status Desired

\$8.75 Additional
Fees 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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRESKY, H.H.	
STREET ADDRESS	200 BOYLSTON STREET	
CITY-STATE-ZIP	CHESTNUT HILL MA 02167	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LYNCH, JOHN	
STREET ADDRESS	8050 NW 79TH AVE	
CITY-STATE-ZIP	MIAMI FL 33166	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRECHSEIN, BRUCE	
STREET ADDRESS	8050 N.W. 79TH AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STEER, ROBERT	
STREET ADDRESS	9000 W. 67TH STREET	
CITY-STATE-ZIP	SHAWNEE MISSION KS	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TUTUN, MARSHALL L	
STREET ADDRESS	ONE POST OFFICE SQUARE	
CITY-STATE-ZIP	BOSTON MA 02109	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BECKER, DAVID M	
STREET ADDRESS	9000 W. 67TH STREET	
CITY-STATE-ZIP	SHAWNEE MISSION KS 66201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	Vice President / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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: Robert L. Steer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Steer

2/24/00

913-676-8800

Date

Daytime Phone #

4/27/00

CR2E034 (11/98)