

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90210 026 ***150.00

0297116

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # K17491
 1. Corporation Name
NUANCE GLOBAL SHIPS, INC.



Principal Place of Business 1510 SE 17TH ST STE 200 FT. LAUDERDALE FL 33316 US	Mailing Address 1510 SE 17TH ST SUITE 200 FT. LAUDERDALE FL 33316 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/09/1988

2. Principal Place of Business 21 2630 SKYMARK AVE.	2a. Mailing Address 26 6346 VISOUNT ROAD	4. FEI Number 65-0035286	Applied For Not Applicable
Suite, Apt. #, etc. 22 SUITE 400	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 MISSISSAUGA ONTARIO	City & State 28 MISSISSAUGA, ONTARIO	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 L4W5A3	Country 25 CANADA	Zip 29 L4V 1H3	Country 30 CANADA

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CORNISH, ADRIAN
1510 SE 17TH STREET
SUITE 200
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name **HENRY LOWENSTEIN**

82 Street Address (P.O. Box Number is Not Acceptable)
617 WEST 46TH STREET

83

84 City **MIAMI BEACH** FL 85 Zip Code **33140**

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 *Henry A. Lowenstein* **Henry A. Lowenstein Esq.** DATE **4-19-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAFFLON, RENE	1.2 NAME	DERRIK MORRIS BARNETT
STREET ADDRESS	RAINSTRESSE 5	1.3 STREET ADDRESS	16 SIXPENNY COURT
CITY-ST-ZIP	8103 UNTERENGSTRINGEN SW	1.4 CITY-ST-ZIP	THORNHILL ONTARIO CANADA L3T4E5
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAWN, MARKUS	2.2 NAME	
STREET ADDRESS	STEINACHERSTRASSE 15	2.3 STREET ADDRESS	
CITY-ST-ZIP	8308 ILLNAN SW	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, RUEDI	3.2 NAME	
STREET ADDRESS	GRABENWIES 79 8484	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEISSLINGEN SW	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNISH, ADRIAN	4.2 NAME	
STREET ADDRESS	1510 SE 17TH STE200	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLELAND, GWENDOLYN	5.2 NAME	KARIN WOODRATCH
STREET ADDRESS	1510 SE 17TH ST., SUITE 200	5.3 STREET ADDRESS	GRASWILKEL STR. 7
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	5.4 CITY-ST-ZIP	8302 KLOTEN SWITZERLAND
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *DERRIK BARNETT* DATE: **4/15/1999** (905) 602-6985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **645 221**

CR2E034 (1/98)