

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

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NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000001414 (1)**  
 1. Corporation Name  
**GLOBAL SHIPPERS' ASSOCIATION, INC.**



Principal Place of Business <b>4310 METRO PARKWAY SUITE 300 FT. MYERS FL 33916</b>	Mailing Address <b>4310 METRO PARKWAY SUITE 300 FT. MYERS FL 33916</b>
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3. Date Incorporated or Qualified <b>03/10/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0483132</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
Country	Country
24. Zip	29. Zip
Country	Country

9. Name and Address of Current Registered Agent  
**PATRICK, KENNETH  
 4310 METRO PARKWAY  
 SUITE 210  
 FT. MYERS FL 33916**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>FOUST, C.L. JR.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3135 EASTON TURNPIKE, EIH</b>	CITY-ST-ZIP <b>FAIRFIELD CT 06431</b>	1.2 NAME	
TITLE <b>D</b>	NAME <b>FURMAN, GERALDINE</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>800 PHILLIPS RD., BLDG. 205</b>	CITY-ST-ZIP <b>WEBSTER NY 14580</b>	1.4 CITY-ST-ZIP	
TITLE <b>DVP</b>	NAME <b>HANNUM, BOB</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>10330 N. MERIDIAN ST.</b>	CITY-ST-ZIP <b>INDIANAPOLIS IN 46290</b>	2.2 NAME	
TITLE <b>D</b>	NAME <b>COFFEY, KEVIN</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>ONE TOWN CENTER RD.</b>	CITY-ST-ZIP <b>BOCA RATON FL 33486</b>	2.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>HAM, JOHN P</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>ONE PPG PLACE</b>	CITY-ST-ZIP <b>PITTSBURGH PA 15272</b>	3.2 NAME	
TITLE <b>D</b>	NAME <b>SCHANK, RITA</b>	3.3 STREET ADDRESS	
STREET ADDRESS <b>MONTGOMERY WARD PLAZA - 5N</b>	CITY-ST-ZIP <b>CHICAGO, IL 60671</b>	3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **6/19/96** Daytime Phone # **941-936-2800**

CR2E037 (3/96)

N94000001414

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GLOBAL SHIPPERS' ASSOCIATION, INC  
4310 METRO PARKWAY, SUITE 300  
FORT MYERS, FL 33916  
FEI #: 65-0483132

OFFICERS AND DIRECTORS

DIRECTOR, JERRY EDWARDS  Delete  
ELECTRONIC PARK, BLDG 5, ROOM N3  
LIVERPOOL, NY 13088

ADDITIONS AND CHANGES TO  
OFFICERS AND DIRECTORS

DIRECTOR  ADDITION  
HAROLD A. JABOLMSKI  
ELECTRONIC PARK, BLDG 5, ROOM N3  
LIVERPOOL, NY 13088

OFFICER/TREASURER, FRANK POMARICO  
4310 METRO PARKWAY, SUITE 300  
FORT MYERS, FL 33916

OFFICER, SECRETARY, KENNETH PATRICK  
4310 METRO PARKWAY, SUITE 210  
FORT MYERS, FL 33916