


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 10 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**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>
---	---

3. Date Incorporated or Qualified <b>03/10/1994</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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**POMARICO, FRANK**  
**4310 METRO PARKWAY**  
**SUITE 300**  
**FT. MYERS FL 33916**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ (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>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FOUST, C.L. JR.</b>		1.2 NAME <b>PAINTER, RON</b>	
STREET ADDRESS <b>3135 EASTON TURNPIKE, EIH</b>		1.3 STREET ADDRESS <b>1000 WINWARD CONCOURSE</b>	
CITY-ST-ZIP <b>FAIRFIELD CT 06431</b>		1.4 CITY-ST-ZIP <b>ALPHARETTA, GA 30005</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RIGGS, SCOTT</b>		2.2 NAME	
STREET ADDRESS <b>800 PHILLIPS RD., BLDG. 205</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>WEBSTER NY</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BARBATO, THOMAS T</b>		3.2 NAME	
STREET ADDRESS <b>10330 N. MERIDIAN ST.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>INDIANAPOLIS IN</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COFFEY, KEVIN</b>		4.2 NAME	
STREET ADDRESS <b>ONE TOWN CENTER RD.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL 33486</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAM, JOHN P</b>		5.2 NAME	
STREET ADDRESS <b>ONE PPG PLACE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>PITTSBURGH PA 15272</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HEISLER, LEE</b>		6.2 NAME	
STREET ADDRESS <b>MONTGOMERY WARD PLAZA - 5N</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>CHICAGO IL</b>		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Pomarico 3/11/98 941-936-2800 x432

CR2E037 (10/97)