

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90051 033 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000001414 (1)** ✓  
 1. Corporation Name  
**GLOBAL SHIPPERS' ASSOCIATION, INC.**

554666 - 90051 - 33

Principal Place of Business <b>4310 METRO PARKWAY                  SUITE 300                  FORT MYERS, FL 33916</b>	Mailing Address <b>4310 METRO PARKWAY                  SUITE 300                  FORT MYERS, FL 33916</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/10/1994</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0483132</b>
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Country	25 Country	29 Country
26 Country	30 Country	

9. Name and Address of Current Registered Agent <b>POMARICO, FRANK                  4310 METRO PARKWAY                  SUITE 300                  FORT MYERS, FL 33916</b>	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
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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, 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>P/D PAINTER, RON</b> <input type="checkbox"/> DELETE <b>1000 WINWARD CONCOURSE ALPHARETTA, GA 30005</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>RIGGS, SCOTT</b> <b>800 PHILLIPS RD, BLDG. 205 WEBSTER, NY</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>BARBATO, THOMAS T</b> <b>10330 N. MERIDIAN ST. INDIANAPOLIS, IN</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GIACOMELLI, BARBARA</b> <b>7225 WINSTON DRIVE INDIANAPOLIS, IN 46268</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>COFFEY, KEVIN</b> <b>ONE TOWN CENTER RD BOCA RATON, FL 33486</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>HAM, JOHN P</b> <b>ONE PPG PLACE PITTSBURGH, PA 15272</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>HEISLER, LEE</b> <b>MONTGOMERY WARD PLAZA- 5N CHICAGO, IL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SLOON, MARIS</b> <b>1100 115 STREET ROMEOWILLE, IL 60446</b>

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, with all other like empowered.

SIGNATURE: Frank C. Pomarico 5/1/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/798)

554666-90051-33  
N94000001414

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

ADDITIONS AND CHANGES TO  
OFFICERS AND DIRECTORS

T  ADD  
POMARICO, FRANK  
4310 METRO PARKWAY, SUITE 300  
FORT MYERS, FL 33916

S  ADD  
SAILORS, STEVE  
4310 METRO PARKWAY, SUITE 210  
FORT MYERS, FL 33916

D  ADD  
SCHUBNEL, WILLIAM  
3600 PUMMEL CREEK ROAD  
LACROSSE, WI 54601

D  ADD  
LETENT, LEE  
4310 METRO PARKWAY  
FORT MYERS, FL 33912

D  ADD  
HARRISON, DAVID  
25225 DETROIT ROAD  
WESTLAKE, OH 44145