

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080114 (8)

1. Corporation Name

SHIP HAPPENS, INC.



Principal Place of Business

4200 POINSETTIA AVENUE
WEST PALM BEACH FL 33407

Mailing Address

4200 POINSETTIA AVENUE
WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified
10/18/1995

3a. Date of Last Report

1st Report

2. Principal Place of Business

2a. Mailing Address

21 Ship Happens, Inc.

26 Ship Happens, Inc.

4. FEI Number

65-0616009

Applied For

Not Applicable

22 4200 Poinsettia Avenue

27 4200 Poinsettia Avenue

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State West Palm Beach, FL

28 City & State West Palm Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip 33407

25 Country Palm Beach

29 Zip 33407

30 Country Palm Beach

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

Donna M. Brassard

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

4200 Poinsettia Avenue

83

84

City West Palm Beach

FL

85 Zip Code

33407

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

Donna M. Brassard

(Initials: Registered Agent Signature required when reappointing)

April 12, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BRASSARD, DONNA M
4200 POINSETTIA AVENUE
WEST PALM BEACH FL 33407

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Donna M. Brassard

April 12, 1996

407.863.0082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)