

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

FILED

Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S01906** (4)
1. Corporation Name
SEABOARD SHIP MANAGEMENT INC.

Principal Place of Business
**440 SAWGRASS CORPORATE PARKWAY, STE 210
SUNRISE FL 33325**

Mailing Address
**440 SAWGRASS CORPORATE PARKWAY, STE 210
SUNRISE FL 33325**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1551 SAWGRASS CORP PKWY Suite, Apt. #, etc. 22 200 City & State 23 SUNRISE FLORIDA Zip 24 33323		2a. Mailing Address 26 1551 SAWGRASS CORP PKWY Suite, Apt. #, etc. 27 200 City & State 28 SUNRISE FLORIDA Zip 29 33323 Country 30 USA		3. Date Incorporated or Qualified 09/25/1990	4. FEI Number 65-0218955 Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

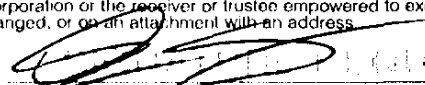
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BRESKY, H. HARRY	1.2 NAME	
STREET ADDRESS	200 BOYLSTON ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHESTNUT HILL MA	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	NARINDER, WADHWA	2.2 NAME	WADHWA, NARINDER
STREET ADDRESS	440 SAWGRASS COR.PKY 210	2.3 STREET ADDRESS	1551 SAWGRASS CORP. PKWY # 200
CITY - ST - ZIP	SUNRISE FL	2.4 CITY - ST - ZIP	SUNRISE, FLORIDA 33323
TITLE	VT	3.1 TITLE	☒ Change ☐ Addition
NAME	EWING, DOUG	3.2 NAME	EWING, DOUG
STREET ADDRESS	440 SAWGRASS COR.PKY 210	3.3 STREET ADDRESS	1551 SAWGRASS CORP. PKWY #200
CITY - ST - ZIP	SUNRISE FL	3.4 CITY - ST - ZIP	SUNRISE, FLORIDA 33323
TITLE	S	4.1 TITLE	☒ Change ☐ Addition
NAME	TUTUN, MARSHALL	4.2 NAME	TUTUN, MARSHALL
STREET ADDRESS	440 SAWGRASS COR.PKY 210	4.3 STREET ADDRESS	1551 SAWGRASS CORP. PKWY #200
CITY - ST - ZIP	SUNRISE FL	4.4 CITY - ST - ZIP	SUNRISE, FLORIDA 33323
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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.

SIGNATURE:  **DOUG EWING** 3/17/98 954-846-1377

CR2E034 (10/97)