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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **S01906** **(4)**

1. Corporation Name
SEABOARD SHIP MANAGEMENT INC.

Principal Place of Business	Mailing Address
440 SAWGRASS CORPORATE PARKWAY. STE 210 SUNRISE FL ~~33325~~ 33323	440 SAWGRASS CORPORATE PARKWAY. STE 210 SUNRISE FL ~~33325~~ 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1990

2. Principal Place of Business 21 1551 SAWGRASS CORP PKWY	2a. Mailing Address 26 1551 SAWGRASS CORP PKWY
Suite, Apt. #, etc. 22 200	Suite, Apt. #, etc. 27 200
City & State 23 SUNRISE FLORIDA	City & State 28 SUNRISE FLORIDA
Zip / Country 24 33323 / 25 USA	Zip / Country 29 33323 / 30 USA

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

CR2E034 (10/97)

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