

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
95 FEB -7 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S59612** (9) 95

1. Corporation Name  
**FLORIDA MARITIME SERVICES, INC.**

Principal Place of Business Mailing Address  
**8550 AETNA ROAD P. O. BOX 05210 CLEVELAND OH 44105**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/12/1991** 3a. Date of Last Report **02/15/1994**  
4. FEI Number **58-1952095** 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 has liability for intangible tax under S. 199.032, Florida Statutes.  Yes  No

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

9. Name and Address of Current Registered Agent  
**SAPONARO, JOSEPH M.  
3700 NW NORTH RIVER DRIVE  
MIAMI FL 33142**

10. Name and Address of New Registered Agent  
81 Name **CT CORPORATION SYSTEM**  
82 Street Address (P.O. Box Number is Not Acceptable) **1200 SOUTH PINE ISLAND RD.**  
83 **PLANTATION, FL 33324**  
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 **C T CORPORATION SYSTEM** 1/19/95  
Signature, typed or printed name of registered agent and title of agent **Gil S. Apaliso, Agent Secretary** DATE

12. OFFICERS AND DIRECTORS  
TITLE **D**  
NAME **GIORDANO, ANTHONY, JR.**  
STREET ADDRESS **8550 AETNA ROAD**  
CITY- ST- ZIP **CLEVELAND OH**  
TITLE **D**  
NAME **GIORDANO, ANTHONY, SR.**  
STREET ADDRESS **8550 AETNA ROAD**  
CITY- ST- ZIP **CLEVELAND OH**  
TITLE **D**  
NAME **GIORDANO, DAVID**  
STREET ADDRESS **8550 AETNA ROAD**  
CITY- ST- ZIP **CLEVELAND OH**  
TITLE **D**  
NAME **SAPONARO, JOSEPH**  
STREET ADDRESS **8550 AETNA ROAD**  
CITY- ST- ZIP **CLEVELAND OH**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13, unchanged, or on an attachment with an address.

SIGNATURE: **Robert A. Sorin, C.F.O.** **David Giordano, Vice President**  
Signature and typed or printed name of signing officer or director