

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

FILED

**May 01 1998 8:00am
Secretary of State**

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 365631 (1)
1. Corporation Name
MARITIME TRANSPORT DEVELOPMENT CORP.



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 2200 ELLER DRIVE % GENE DOUGLAS, P.O. BOX 13038 FT. LAUDERDALE FL 33316 | Mailing Address 2200 ELLER DRIVE % GENE DOUGLAS, P.O. BOX 13038 FT. LAUDERDALE FL 33316 |
|---|---|

3. Date Incorporated or Qualified
06/15/1970

| | |
|--|--|
| 2. Principal Place of Business 21 701 SE 24th St. Suite, Apt. #, etc. | 2a. Mailing Address 26 P.O. Box 13133 Suite, Apt. #, etc. |
| 22 City & State 23 Ft. Laud., FL | 27 City & State 28 Ft. Laud., FL |
| 24 Zip 33316 | 25 Country USA |
| 29 Zip 33316 | 30 Country |

4. FEI Number
59-1295222

| |
|----------------|
| 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
**GENE DOUGLAS
2200 ELLER DRIVE
FORT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

| | |
|---|--------------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) c/o Hans J. Hvide @ Eller | |
| 83 701 SE 24th Street | |
| 84 City Ft. Laud. | 85 Zip Code FL 33316 |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE PD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HVIDE, J ERIK | | 1.2 NAME | |
| STREET ADDRESS 2200 ELLER DRIVE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP FT LAUDERDALE, FL 0 | | 1.4 CITY-ST-ZIP | |
| TITLE SV | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DOUGLAS, GENE | | 2.2 NAME | |
| STREET ADDRESS 2200 ELLER DRIVE | | 2.3 STREET ADDRESS 701 SE 24th St. | |
| CITY-ST-ZIP FT LAUDERDALE, FL 0 | | 2.4 CITY-ST-ZIP Ft. Laud., FL 33316 | |
| TITLE CD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HVIDE, HANS J | | 3.2 NAME | |
| STREET ADDRESS 2200 ELLER DRIVE | | 3.3 STREET ADDRESS 701 SE 24th St. | |
| CITY-ST-ZIP FT LAUDERDALE, FL 0 | | 3.4 CITY-ST-ZIP Ft. Laud., FL 33316 | |
| TITLE DTV | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BLANKLEY, JOHN | | 4.2 NAME | |
| STREET ADDRESS 2200 ELLER DRIVE | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP FT.LAUDERDALE FL | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 _____ **3/20/98**

CR2E034 (10/97)