

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90004 047 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 365631
 1. Corporation Name
MARITIME TRANSPORT DEVELOPMENT CORP.



Principal Place of Business 701 SE 24TH ST FT. LAUDERDALE FL 33316 US	Mailing Address P O BOX 13133 FT. LAUDERDALE FL 33316 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 701 SE 24th St Suite, Apt. #, etc.	2a. Mailing Address 26 Same Suite, Apt. #, etc.
22 City & State 23 Ft. Lauderdale, FL	27 City & State 28
24 Zip 33316 25 Country US	29 Zip 30 Country

3. Date Incorporated or Qualified 06/15/1970	
4. FEI Number 59-1295222	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 GENE DOUGLAS
 C/O HANS J HVIDE @ ELLER
 701 SE 24TH STREET
 FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
 81 Name **Arthur C. Novacek**
 82 Street Address (P.O. Box Number is Not Acceptable)
701 SE 24th St
 83
 84 City **Ft. Lauderdale** **FL** 85 Zip Code **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 provisions of section 607.0505, Florida Statutes.
 SIGNATURE: *Arthur C. Novacek* DATE: **9-15-99**

12. OFFICERS AND DIRECTORS

TITLE	XV <input type="checkbox"/> DELETE
NAME	DOUGLAS, GENE
STREET ADDRESS	701 SE 24TH ST
CITY-ST-ZIP	FT LAUDERDALE FL 33316
TITLE	CD <input type="checkbox"/> DELETE
NAME	HVIDE, HANS J
STREET ADDRESS	701 SE 24TH ST
CITY-ST-ZIP	FT LAUDERDALE FL 33316
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NOVACEK, ARTHUR C.
1.3 STREET ADDRESS	701 SE 24th Street
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROPER, BEVERLY
3.3 STREET ADDRESS	701 SE 24th Street
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **Arthur C. Novacek, Vice President** DATE: **8/24/99** (954) 525-3381
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/99)