

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra M. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 327758 (9)
1. Corporation Name
POLARIS SHIPPING CORPORATION

Principal Place of Business Mailing Address
1114 SW 3RD ST 1114 SW 3RD ST
P O BOX 214 P O BOX 214
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/20/1968
4. FEI Number
59-1259012
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

POMEROY, JOHN C
1114 S W 3RD ST P O BOX 214
BOYNTON BEACH, FLORIDA
33435

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

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

| | | |
|----------------|------------------------------|--|
| TITLE | PD <i>Director President</i> | <input type="checkbox"/> DELETE |
| NAME | POMEROY, JOHN C | |
| STREET ADDRESS | 1114 SW 3RD ST | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | D <i>DIRECTOR Vice Pres</i> | <input type="checkbox"/> DELETE |
| NAME | PARK, LAURA | |
| STREET ADDRESS | 1563 S.E. HOLLY ST. | |
| CITY-ST-ZIP | PORTLAND OR 97214 | |
| TITLE | SD <i>Decensed</i> | <input checked="" type="checkbox"/> DELETE |
| NAME | POMEROY, MARY L | |
| STREET ADDRESS | 1114 SW 3RD ST | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| 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 | <i>DIRECTOR</i> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | <i>DIANE DIAZ SEC - TREAS</i> | |
| 1.3 STREET ADDRESS | <i>2635 N.W. 41ST</i> | |
| 1.4 CITY-ST-ZIP | <i>BOCA RATON, FL 33434</i> | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 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: *John C. Pomero* *1114 SW 3RD ST*

CR2E034 (10/97)