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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **357074** (4)
1. Corporation Name
**PAKHOED DRY BULK TERMINALS, INC. - PORT MANATEE
TERMINAL**

Principal Place of Business
**2000 WEST LOOP SOUTH, SUITE 2200
HOUSTON TX 77027**

Mailing Address
**2000 WEST LOOP SOUTH, SUITE 2200
HOUSTON TX 77027-3597**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1969	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-1284241	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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	CDP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANSIK, R.	1.2 NAME	
STREET ADDRESS	2000 W LOOP SOUTH #2200	1.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX	1.4 CITY- ST- ZIP	
TITLE	VST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROW, JOHN	2.2 NAME	Hanson, G
STREET ADDRESS	2000 W LOOP SOUTH #2200	2.3 STREET ADDRESS	2000 W Loop South #2200
CITY- ST- ZIP	HOUSTON TX	2.4 CITY- ST- ZIP	Houston, TX 77027-3597
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROW, J.	3.2 NAME	
STREET ADDRESS	2000 W LOOP SOUTH #2200	3.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX	3.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, M.	4.2 NAME	
STREET ADDRESS	4942 PORT SUTTON ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	4.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, J.	5.2 NAME	WARREN, J
STREET ADDRESS	2000 W LOOP SOUTH #2200	5.3 STREET ADDRESS	2000 W Loop South, #2200
CITY- ST- ZIP	HOUSTON TX	5.4 CITY- ST- ZIP	Houston, TX 77027-3597
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 do 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: *GARY L HANSON*

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY L HANSON

4/24/97

(713) 623-0000

CR2E034 (9/96)