FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

1995

DOCUMENT # 731635 (9)

FLORIDA PORTS COUNCIL, INC.

APPROVED AND FILED

95 MAY 01 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

315 S CALHOUN ST
#712
TALLAHASSEE FL 32301
US

PO BOX 10137
TALLAHASSEE FL 32302
US

3. Date of Incorporation: 01/17/1975
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2749829 — Applied For / Not Applied

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

6. Fee for expedited handling: [ ] $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)3 Tax Exempt Status: [ ] $68.75 Supplemental Fee Not Required

8. Do corporation has adopted, not adopted or has under S. 501(c) Florida Statutes: [ ] Yes [X] No

21 / 22 / 23 / 24 / 25 / 26 / 27 / 28 / 29 / 30

9. Name and Address of Current Registered Agent

LACAPRA (JOHN R.)
9215 N BAYSHORE DR
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City: FL 05 Zip Code

11. Pursuant to the provisions of Section 607.0505 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 and the officers, directors, and the appointed registered agent has consented to the appointment.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS
TITLE	S	[ ] Change [ ] Addition
NAME	LACAPRA, JOHN R.	
STREET ADDRESS	9215 N BAYSHORE DR	
CITY, ST, ZIP	MIAMI SHORES FL	
TITLE	D	[ ] Change [ ] Addition
NAME	LUNETTA, CARMEN	
STREET ADDRESS	1015 NORTH AMERICA WAY	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	[ ] Change [ ] Addition
NAME	ETHEREDGE, RUDY	
STREET ADDRESS	5321 WEST HIGHWAY 98	
CITY, ST, ZIP	PANAMA CITY FL	
TITLE	D	[ ] Change [ ] Addition
NAME	ROWLAND, CHUCK	
STREET ADDRESS	200 GEORGE KING BLVD.	
CITY, ST, ZIP	CAPE CANAVERAL FL	
TITLE	D	[ ] Change [ ] Addition
NAME	VALENTI, JOSEPH	
STREET ADDRESS	811 WYNKOOP ROAD	
CITY, ST, ZIP	TAMPA FL	
TITLE	D	[ ] Change [ ] Addition
NAME	MURPHY, BENSON B.	
STREET ADDRESS	4 E. PORT RD., SUITE 500	
CITY, ST, ZIP	RIVIERA BCH. FL	

14. I do hereby certify that the information supplied with this document meets the requirements of Section 607.0505, Florida Statutes. Further, I do hereby certify that the information supplied on the original report or supplemental annual report, if applicable, is correct and that my signature shall have the same legal effect and force as if made under oath; that I am an officer or director of the corporation; that my name appears on Block 12 of this document as an officer or director with an address.

SIGNATURE: John R. LaCapra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN R. LACAPRA

4/28/95

904 222-8028
TELEPHONE

0027004