FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90041 031 \*\*\*150.00

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

Mailing Address

2200 ELLER DRIVE

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F38963

1. Corpora ion Name

Principal Place of Business

SIGNATURE:

2200 ELLER DRIVE

HVIDE MARINE TRANSPORT, INCORPORATED

P.O. BOX 13038 FORT LAUDERDALE FL 33316		P.O. BOX 13038 FORT LAUDERDALE FL 3(316				DO NOT WRITE IN THIS SPACE				
TOM BIODEIIO	ALL TE OSOTO	7011 010001101120 72 3				corporated or 0	Qualifed			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number			App led For	
21		26			59-21	59-2120296			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional		
22		27			3. Certificate of Otatica Desired			Fee I	Fee Required	
City & S:ate		City & State	City & State		6. Election Campaign Financing			\$5.00	\$5.00 May Be	
23		28			Trust F	Trust Fund Contribution			Added to Fees	
Zip	Country	Zip	Coun	itry	8. This co	rporation owes	the current ye	ear Intangible		
24	25	29	30			Personal Property Tax.			[]No	
	9. Name and Add ess of Current		10. Name and Address of New Registered Agent							
DOL	CLAC OFNE			81 Name	ROBER	TB.	LAM	W		
	<del>glas; gene</del> • Eller drive		-		ddress (P.O. Box		t Acceptable)			
	AUDERDALE FL 33316				<del>-</del>					
r). L	AUDENDALE PL 33316			83						
				84 City	-	·		FL	Code	
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	es, the ab	ove-named co	poration submit	s this statemer	t for the purpo	ose of changing i	ts registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	r Florida, Such change was a ons of, Section 607.0505, Fl	authorized orida Statu	by the corpora tes:	ation's board of c	rectors, i nere	оу ассері іле	app intrient as	registered	
	$\rightarrow$						4	122/99		
SIGNATURE	Signature, typed of prilited as he of registered agent	and title if applicable. (NOT	I Registered A	Agent signature req	u red when reinstating)		· / <sub>0</sub> /	ATE /		
12.	OFFICERS AND		13.		ADDITIO	NS/CHANGES	S TO OFFICE	RS AND DIRECT		
TITLE	VID	☐ DELETE	1.1 TITE	.E				☐ Change	e	
NAME	BLANKLEY, JOHN		1 2 NA	AE .						
STREET ADDRE S	2200 ELLER DRIVE		1.3 STF	REET ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CIT	Y-ST-ZIP	<del></del>					
TITLE	CPD	☐ DELETE	2.1 TITL	.E				Change	e	
NAME	hvide, j erik		2.2 NAM	AE .						
STREET ADDRESS	2200 ELLER DRIVE		2.3 STF	REET ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE, FL 0		2 4 CIT	Y-ST-ZIP						
TITLE	VD	☐ DELETE	3.1 TITI	E				☐ Change	e 🗀 Addition	
NAME	SWEENEY, EUGENE F.		3.2 NAM	ΛE.						
STREET ADDRESS	2200 ELLER DRIVE		3.3 STF	REET ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE, FL 0		3.4. CIT	Y-ST-ZIP						
TITLE	V	☐ DELETE	4.1 TITL	.E				Change	e Addition	
NAME	Brauninger, andrew w		4. 2 NA	ME						
STREET ADDRESS	2200 ELLER DRIVE		4.3 STF	REET ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE, FL 0 33316		4 4 CIT	Y-ST-ZIP						
TITLE	<del>-A3 -</del>	DELETE	5.1 TIT	.E				Change	e	
NAME	-STRONG, CHRISTOPHER D		5.2 NA	ME .						
STREET ADDRESS	-2200-ELLER DRIVE-		5.3 STF	REET ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL 38316		5 4 CIT	Y-ST-ZIP						
TITLE		☐ DELETE	6.1 TITI	E				Change	e Addition	
NAME			6.2 NA	AE .					i	
CTDEET ADDRESS			63 STF	REET 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, with a lother like empowered.

RE AND TYPED OR FRINTED NAME OF SIGNING OFFICEF OR DIRECTOR