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**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90178 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F94000001037

1. Corporation Name  
**WALLENUS LINES NORTH AMERICA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 9550 REGENCY SQUARE BLVD SUITE 1107 JACKSONVILLE FL 32225 US  
 Mailing Address: ATTN: VICE PRESIDENT, ACCOUNTING 188 BROADWAY WOODCLIFF LAKE NJ 07675-1232 US

3. Date Incorporated or Qualified: 03/02/1994  
 4. FEI Number: 51-0268314 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 the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 9950 BLOUNT ISLAND BLVD. 22 Suite, Apt. #, etc.: 22  
 City & State: 23 JACKSONVILLE, FL. 24 Zip: 32226 25 Country: DUVAL  
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27  
 City & State: 28  
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
 D.LEON/WALLENUS LINES  
 9550 REGENCY SQ. BLVD.  
 BARNETT REGENCY TOWER, STE. 1107  
 JACKSONVILLE FL 32225

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	EBELING, RAYMOND P	
STREET ADDRESS	188 BROADWAY	
CITY-ST-ZIP	WOODCLIFF LAKE NJ 07675	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RIDLON, JOHN M	
STREET ADDRESS	188 BROADWAY	
CITY-ST-ZIP	WOODCLIFF LAKE NJ 07675	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JONES, G R	
STREET ADDRESS	188 BROADWAY	
CITY-ST-ZIP	WOODCLIFF LAKE NJ 07675	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONNOR, CHRISTOPHER J	
STREET ADDRESS	188 BROADWAY	
CITY-ST-ZIP	WOODCLIFF LAKE NJ 07675	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CLEMENT, JAMES P	
STREET ADDRESS	188 BROADWAY	
CITY-ST-ZIP	WOODCLIFF LAKE NJ 07675	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: Joey Valde SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 4/27/99 Daytime Phone #: 201-476-2999

CR2E034 (11/98)