AND HOWE TEMO FEE AFTER MAY 187 S 1550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Härris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9400002308

Corporation Name

SOUTHERN SHIP MANAGEMENT, INC.

Principal Place of Business

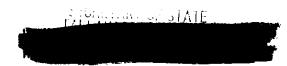
7077 W. BROWARD BLVD.

Mailing Address

7077 W. BROWARD BLVD.

Amended Annual 1999 Report

FILED 99 JUN 21 PH 2: 06



US			US				00 NOT WRIT	00 NOT WRITE IN THIS SPACE			
							Date Incorporated or Qualifed 05/04/1994				
	Principal Place of Business	20	Mailing Address				→ FEI Number			Applied For	
ы		26					65-0482627			Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	0		5 Additional Required	
13	City & State	28	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees	
14]	Zip Co 25	untry 29	Zip	Cou 30	ntry		This corporation owes the curre Personal Property Tax.	ent year int	angible Ves	□no	
	Name and A	ddress of Current Regis	tered Agent				19. Name and Address of New R	egistered	Agent		
McAlpin & Brais					81	Name					
	80 SW 8th Street S/2805					2 Street Address (P.O. Box Number is Not Acceptable)					
Miami, FL 33130				·	63	83					
					64	City		FL	85 2	Zip Code	

agent. I a	im emiliar with, and accept the obligations of Section 6	07. عاد 10° 07.	utes.	•	into appointment as req	g-2.0-00
SIGNATURE	Signature: typed or printed name of registered agent and site if applicable.	V I	gistered Agent signature in	required when reinstaling)	DATE	
2	OFFICERS AND DIRECTORS		13.	NUMBERS OF OFF	ICERS AND DIRECTO	33 11 12
TITLE	P	DELETE	1.1 TITLE		☐ Change	Addition
NAME	ROGERS, KENNETH M		1.2 NAME	0000029	15190-	<u>:</u>
STREET ADDRESS	7 NW 108TH TERRACE		1.3 STREET ADDRESS	-06/25/9	390100602	26
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP	*************************************	25 *****6	1.25
TITLE -	VP\$) DELETE	21 TITLE	VP/S	Change Change	Addition
NAME	BALLINGER, LESUE		2.2 NAME	l -		
STREET ADDRESS	971 SW 11TH WAY		2.3 STREET ADDRESS	Leslie Ballinger	_	
CITY-ST-ZIP	DAVIE FL 33324		2 4 CITY-ST-ZIP	1166 SW 149th Lan		
TITLE	VP 5	9 DELETE	31 TITLE	Sunrise, Florida	33326 □Change	☐ Addition
NAME	BALLINGER, LESLIE		32 NAME			
STREET ADDRESS	971 SW 111TH WAY		3.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL		3.4. CITY-\$T-ZIP			
TITLE	VP 6	S DELETE	41 TITLE		☐ Change	Addition
NAME	Leslie Ballinger		4 2 NAME			
STREET ADDRESS	1166 SW 149th Lane		43 STREET ADDRESS			
CITY-ST-ZIP	Sunrise, Fl. 33326		4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	President	Change	Addition
NAME		•	5.2 NAME	Abhay M. Damley		
STREET ADDRESS			5.3 STREET ADDRESS	2715 Tigertail Ave	#401	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Coconut Grove, Fl.	″33133	
TITLE		DELETE	61 TITLE	Director	☐ Change	Addition
NAME			6.2 NAME	Even Johansen	7. 1	An.
STREET ADDRESS			6.3 STREET ADDRESS	66 Gate House Road		5P
City.St.7IP			6.4 CITY+ST-ZIP	Stamford, CT 06902		

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.