**FILED** 

Mar 09, 1999 8:00 am

Secretary of State

03-09-1999 90102 044 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400005141

1. Corporation Name

SHIPPING CORPORATION OF AMERICA

Principal Place of Business Mailing Address	I
P.O. BOX 10552  RIVIERA BEACH FL 33419  P.O. BOX 10552  RIVIERA BEACH FL 33419  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  10/04/1994	
	ed For
	pplicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Requ	
City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to 6	
Zip Country Zip Country 8. This corporation owes the current year Intangible	No
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent	
81 Name	
STEINBERG, JORDAN H 2800 N. OCEAN DR., A-7A  Street Address (P.O. Box Number is Not Acceptable)	
SINGER ISLAND FL 33404	S. Car
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 reoffice 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 registagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	gistered ered
SIGNATURE (NOTE: Periphered Agent signature required when rejectation)	
Signature, typed or printed harms of registered agent and title if alymicative. [14012, registative organic agritative required minimizations.]	IN 12
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STREET ADDRESS 2800 N. OCEAN DR. 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP	
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NAME 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS	İ

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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if originally or original address, with all other like empowered.

SIGNATURE: 10 RDANAH: STEINBERG. 3/1/99 (561)844-0375

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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4.1 TITLE

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SIGNATURE:

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