2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 23, 2000 8:00 am Secretary of State DOCUMENT # F9400005141 1. Entity Name SHIPPING CORPORATION OF AMERICA 02-23-2000 90024 010 ***150.00 Principal Place of Business Mailing Address P.O. BOX 10552 P.O. BOX 10552 RIVIERA BEACH FL 33419-0552 RIVIERA BEACH FL 33419 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-2624294 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEINBERG, JORDAN H Street Address (P.O. Box Number is Not Acceptable) 2800 N. OCEAN DR., A-7A SINGER ISLAND FL 33404 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTDT Change ☐ Addition ☐ Delete TITLE TITLE STEINBERG, JORDAN H NAME NAME STREET ADDRESS 2800 N. OCEAN DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SINGER ISLAND FL SD VC XI Change ☐ Addition Delete TITLE STEINBERG, TOBY R NAME 2800 N. OCEAN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SINGER ISLAND FL Change - Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

ORDANÎ HA STEÎNBERG PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00

(561)844-0375