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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400006387

SOUTHERN OVERSEAS EXPRESS LINE, INC.

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Street Applicable	Principal Place	of Business	Mailing Address						-	
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date incorporated or Qualified 12/14/1994 4. Fet Number 56-1374513								00 00105		
2. Principal Place of Business 2. Mailing Address 4. FEI Number Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State 22 Zip Country Registered Agent MELIA, JIM O 8:290 NW 14TH AVE MIAMI FL 33126 MELIA, JIM O 8:290 NW 14TH AVE MIAMI FL 33126 11. Pursuent to the provisions of Sections 607 050; and 607 1508. Florida Statu tes, the above-named curporation submits this statement for the purpose of changing its registered agent. I am familiar with, and ancept the obligations of, Section 607 0505, Florida Statutes. SIGNATUFE PD CHECKS AND DIRECTORS TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WILMINGTON NC SUIte, Apt. #, etc. Scholars of Status Desired \$8.75 £ Additional Fee Re Reviewed \$8.75 £ Additional Fee Reviewed \$8.75 £ Addit								IS SPACE		
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Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Suite	2. Principal Pl	ace of Business	2a. Mailing Address						<u></u>	
27 City & State City & Cit	21						56-1374513			
City & State 23		#, etc.	<u> </u>				5. Certificate of Status Desired			
Zip		e	: - :				6. Election Campaign Financing	\$5.00	May Be	
Zip	 ′		28					*	,	
9. Name and Address of Current Registered Agent MELIA, JIM O 87.90 NW 14TH AVE MIAMI FL 33126 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named or riporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, and this, and acceptable. SIGNATUFE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS ND DIRECTORS 14. TITLE NAME EMERSON, WILLIAM P JR. 33. SIRRET ADDRESS CITY-ST-ZIP WILMINGTON NC 14. CITY-ST-ZIP WILMINGTON NC WILMINGTON NC PO DELETE 22. NAME SIRRET ADDRESS CITY-ST-ZIP WILMINGTON NC WILMINGTON NC 12. ACITY-ST-ZIP OFFICER B JR. 33. STREET ADDRESS CITY-ST-ZIP WILMINGTON NC WILMINGTON NC 12. ACITY-ST-ZIP WILMINGTON NC WILMINGTON NC WILMINGTON NC OFFICER B JR. 330 SHIPYARD BLVD. WILMINGTON NC UNITED TO DELETE 22. NAME 23. STREET ADDRESS CITY-ST-ZIP WILMINGTON NC WILMINGTON NC WILMINGTON NC WILMINGTON NC WILMINGTON NC WILMINGTON NC		Country		Col	untry		This corporation owes the current year	Intangible		
9. Name and Address of Current Registered Agent MELIA, JIM O 8290 NW 14TH AVE MIAMI FL 33126 81 Name 82 Street Aridress (P.O. Bo:: Number is Not Acceptable) 83 Street Aridress (P.O. Bo:: Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Street Aridress (P.O. Bo:: Number is Not Acceptable) 88 A City FL 85 Zip Code 88 A City FL 85 Zip Code 89 A City FL 85 Zip Code 80 A City FL 85 Zip Code 80 A City FL 85 Zip Code 80 A City FL 85 Zip Code 81 A ADDITIONS/CHANGES TO OFFICERS AND DIRECTOFS IN 1 TITLE PD D DELETE 1.1 TITLE PD D DELETE 1.2 NAME STREET ADDRESS 30 SHIPYARD BLYD. WILMINGTON NC 1.2 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS WILMINGTON NC 2.3 STREET ADDRESS CITY-ST-ZIP WILMINGTON NC WILMINGTON NC 2.3 STREET ADDRESS CITY-ST-ZIP WILMINGTON NC WILMINGTON NC 2.4 CITY-ST-ZIP WILMINGTON NC WILMINGTON NC PC AND ARCHARGES TO OFFICERS AND DIRECTOFS AND	- ¬ '	· · ·	├ ¬ `	30	·		1 2 1		□No	
MELIA, JIM O 8290 NW 14TH AVE MIAMI FL 33126 82 Street A iddress (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuaint to the provisions of Sections 607.0502 and 607.1508. Florida Stati tes, the above-named corporation submits this statement for the purpose of changing its 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. SIGNATUFE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF!S IN 1 TITLE PD D DELETE 1.1. TITLE EMERSON, WILLIAM P JR. 1.2. NAME EMERSON, WILLIAM P JR. 1.3. STREET ADDRESS 330 SHIPYARD BLVD. 1.4 CITY-ST-ZIP NAME RUFFIN, PETER B JR. 22 NAME STREET ADDRESS CITY-ST-ZIP WILMINGTON NC 23 STREET ADDRESS CITY-ST-ZIP WILMINGTON NC 22 STREET ADDRESS CITY-ST-ZIP WILMINGTON NC 44 CITY-ST-ZIP WILMINGTON NC 42 STREET ADDRESS CITY-ST-ZIP WILMINGTON NC 44 CITY-ST-ZIP WILMINGTON NC	** <u> </u>					10. Name and Address of New Registered Agent				
82/90 NW 14TH AVE MIAMI FL 33126 84 City FL 85 Zip Code 11. Pursuaint to the provisions of Sections 607.0507 and 607.1508, Florida Stati tes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUF-E SIGNATUF-E 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE PD DELETE 1.1 TITLE PD Change Ad WILMINGTON NC 1.3 STREET ADDRESS CITY-ST-ZIP WILMINGTON NC 1.4 CITY-ST-ZIP WILMINGTON NC 2.2 NAME STREET ADDRESS CITY-ST-ZIP WILMINGTON NC 2.3 STREET ADDRESS CITY-ST-ZIP WILMINGTON NC 2.3 STREET ADDRESS CITY-ST-ZIP WILMINGTON NC 2.4 CITY-ST-ZIP WILMINGTON NC 2.3 STREET ADDRESS CITY-ST-ZIP WILMINGTON NC 2.4 CITY-ST-ZIP WILMINGTON NC 2.4 CITY-ST-ZIP WILMINGTON NC 2.4 CITY-ST-ZIP WILMINGTON NC CITY-ST-ZIP WILMINGTON NC WILMINGTON NC 2.4 CITY-ST-ZIP WILMINGTON NC		0. 114110 2112 1141			81	Name		- 		
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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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUFE Signature, typeid or printed in the of registered agent and whe if applicable. (NOT E. Registered Agent signature required when rematating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME EMERSON, WILLIAM P JR. STREET ADDRESS CITY-ST-ZIP WILMINGTON NC DELETE 2.1 TITLE VSD DELETE 2.1 TITLE VSD CHAnge Change Add City FL 85 Zip Code Changing its registered accept the applications of changing its registered Agent signature required when rematating) DATE 1.1 TITLE Change Add ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 2.1 TITLE VSD WILMINGTON NC DELETE 2.1 TITLE STREET ADDRESS CITY-ST-ZIP WILMINGTON NC 2.2 NAME STREET ADDRESS CITY-ST-ZIP WILMINGTON NC 2.3 STREET ADDRESS CITY-ST-ZIP WILMINGTON NC	·				82	Street Aid	dress (P.O. Boi: Number is Not Acceptable)			
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STREET ADDRESS 330 SHIPYARD BLVD. 3.3 STREET ADDRESS						TADDBESS				

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 a nural 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 of 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.

34. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

44 CITY-ST-ZIP

4.1 TITLE

5.1 TITLE

52 NAME

6.1 TITLE

62 NAME

DELETE

□ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIF

STREET ADDRES

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

WILMINGTON NC

EGGELING, HANS J

STATEN ISLAND NY

LOS ANGELES CA

GARETSON, ROBERT B

1000 SOUTH AVENUE PLAZA, STE. LL1

5757 W. CENTURY BLVD., STE 700

330 Shipyard Blvd.

1-25-89 9/0 392 82/0

NC 28412

Change

Change

☐ Change

Addition

☐ Addition

☐ Addition