

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000004028 (4)**

1. Corporation Name

AMERICAN PORT SERVICES, INC.



Principal Place of Business 401 EAST PRATT STREET, WORLD TRADE CENTER SUITE 1344 BALTIMORE MD 21202	Mailing Address 401 EAST PRATT STREET, WORLD TRADE CENTER SUITE 1344 BALTIMORE MD 21202
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/07/1996	
4. FEI Number 52-1972572	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLANT, PHILIP	1.2 NAME	
STREET ADDRESS	1997 ELM STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BENICIA CA	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, TIMOTHY	2.2 NAME	
STREET ADDRESS	UNIT 6, MCKAY TRADING ESTATE KENSAL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON ENGLAND	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, ALAN	3.2 NAME	
STREET ADDRESS	UNIT 6, MCKAY TRADING ESTATE KENSAL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON ENGLAND	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHADWICK, TIMOTHY	4.2 NAME	
STREET ADDRESS	UNIT 6, MCKAY TRADING ESTATE KENSAL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON ENGLAND	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LUKE	5.2 NAME	
STREET ADDRESS	UNIT 6, MCKAY TRADING ESTATE KENSAL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON ENGLAND	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changing, or on an attachment with an address.

SIGNATURE: *Timothy J. Gilmore* **SECRETARY** *1/5/98* *410-625-1370*

CR2E034 (10/97)