


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

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90076 045 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F98000006794</b>					
1. Corporation Name <b>MORRISON MARITIME, INC.</b>					
Principal Place of Business <b>2000 HUGHES WAY EL SEGUNDO CA 90245</b>			Mailing Address <b>2000 HUGHES WAY EL SEGUNDO CA 90245</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/15/1998</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>95-4155503</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>TAVERAS, HENRY MORRISON MARITIME, INC. 1430 N.W. 82ND AVENUE MIAMI FL 33126</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHI, JACKSON		1.2 NAME		
STREET ADDRESS	2000 HUGHES WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO CA 90245		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MA, TONY		2.2 NAME		
STREET ADDRESS	2000 HUGHES WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO CA 90245		2.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIANG, JUDY		3.2 NAME		
STREET ADDRESS	2000 HUGHES WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO CA 90245		3.4 CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHIU, THANG-LIEN		4.2 NAME		
STREET ADDRESS	2000 HUGHES WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO CA 90245		4.4 CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHIU, CHWEI-BIN		5.2 NAME		
STREET ADDRESS	2000 HUGHES WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO CA 90245		5.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAY, SUSAN		6.2 NAME		
STREET ADDRESS	2000 HUGHES WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO CA 90245		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SECRETARY REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

2-4-99

(310) 322-8999

Date

Daytime Phone #

CR2E034 (11/98)