


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

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**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90219 021 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # H44647**  
 1. Corporation Name  
**POWELL BROTHERS BARGE TERMINAL, INC.**



Principal Place of Business: 760 TAYLOR RD. DANIA FL 33004 US  
 Mailing Address: P.O. BOX 14550 FT. LAUDERDALE FL 33302

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	02/27/1985	59-2509403	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24. Zip	29. Zip	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POWELL, J.S., JR. 760 TAYLOR ROAD FT. LAUDERDALE FL 33304	81 Name: JS Powell, III 82 Street Address (P.O. Box Number is Not Acceptable): 760 Taylor Road 83 84 City: Dania FL 85 Zip Code: 33004

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: POWELL, J.S. JR.		1.2 NAME: JS Powell, III	
STREET ADDRESS: 760 TAYLOR RD		1.3 STREET ADDRESS: 760 Taylor Road	
CITY-ST-ZIP: DANIA FL		1.4 CITY-ST-ZIP: Dania Beach, FL	
TITLE: VSD	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: POWELL, R.O.		2.2 NAME:	
STREET ADDRESS: 760 TAYLOR RD		2.3 STREET ADDRESS:	
CITY-ST-ZIP: DANIA FL 33004		2.4 CITY-ST-ZIP:	
TITLE: TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: POWELL, J.S. III		3.2 NAME: JS Powell, III	
STREET ADDRESS: 760 TAYLOR RD		3.3 STREET ADDRESS: 760 Taylor Rd	
CITY-ST-ZIP: DANIA FL 33004		3.4 CITY-ST-ZIP: Dania FL	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JS Powell, III SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/17/99 Daytime Phone #: (954) 923-1302

CR2E034 (1/198)