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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J32731

1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

officer or director of the corporation Block 12 or Block 13 if changed,

SEABOARD TAMPA TERMINALS, INC.

Principal Place	of Business	Mailing Address	Mailing Address								
9350 S. DIXIE H	HIGHWAY, SUITE 900	9350 S. DIXIÉ HIGHWAY. SUITE 900					,			•	
MIAMI FL 33156		MIAMI FL 33156				DO NOT WRITE IN THIS SPACE					
						2 2 1 1 2 2				JF ACL	
							rporated or Qu	anieu			
						09/11/1					antiad Fan
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Numb				<u> </u>	pplied For
21		26				59-274	1200	<u> </u>			ot Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				5. Certifcate	of Status Desi	red []	⊅0./ ⊃ - ⇒ Fee R	Additional
22		27									
City & State		City & State					Campaign Finar	icing [נ		May Be
23		28					d Contribution				to Fees
Zip	Country	Zip	Country	У		1	oration owes th	e current			
24	25	29 3	<u>o </u>				Property Tax.		<u> </u>	☐ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name an	d Address of	New Regi	stered A	gent	
DI 44	W 344DW		81	I N	Name		•				
	NK, MARK		82	2 8	Street Addre	ss (P.O. Box N	umber is Not A	cceptable)		
	SOUTH DIXIE HIGHWAY, SUITE	; 900	-								•
MIAN	AI FL 33156		83	3		-				•	
			-	+-		•	·			85 Zip	Code
			84	* 0	City	•	4.		FL	65 Zip	Code .
11 Durcuant t	to the provisions of Sections 607.0502	2 and 607 1508. Florida Statutes	the abov	_L ve-n:	amed corpo	ration submits t	his statement f	or the pur	pose of	changing it	s registered
office or re	agistered agent or both in the State o	of Florida. Such change was auti	nonzea di	v tne	e corporation	n's board of dire	ctors. I hereby	accept th	e appoin	itment as re	egistered
agent. I ar	n familiar with, and accept the obligat	ions of, Section 607.0505, Flond	ia Statute	S.			1				ļ
SIGNATURE		MOTE O	:		natura manifest	when reinstating)			DATE	 	
	Signature, typed or printed name of registered agent OFFICERS ANI		13.	ark sig	griature required		S/CHANGES 1			D DIRECT	ORS IN 12
12.	D OFFICERS ANI	□ DELETE	1.1 TITLE			7.00				Change	
TITLE	_	Carlo Carlo									
NAME	BLANK, MARK		1.2 NAME								
STREET ADDRESS	9350 S. DIXIE HWY. #900		1.3 STREE		į						Į
CITY-ST-ZIP	MIAMI FL		1.4 CITY-		P			· · · · ·		Change	☐ Addition
TITLE	DP	☐ DELETE	2.1 TITLE		İ					☐ Change	L. Addison
NAME	Blank, andrew		2.2 NAME	Ė		-	:				
STREET ADDRESS	9350 S. DIXIE HWY. #900		2.3 STREI	ET AD	DRESS						
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-	-ST-Z	UP 91						
TITLE	DV	☐ DELETE	3.1 TITLE						,	Change	Addition
NAME	BLANK, TONY		3.2 NAME	£							
STREET ADDRESS	9350 S. DIXIE HWY. #900		3.3 STREE	ET AD	ORESS						
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	-ST-7	np						
TITLE	ST	☐ DELETE	4.1 TITLE							Change	☐ Addition
NAME	PUCK, ROBERT J.		4. 2 NAME	E							
	9350 S. DIXIE HWY. #900		4.3 STRE		NDESC						
STREET ADDRESS	MIAMI FL		4.5 STRC								
CITY-ST-ZIP	MINAMITE	☐ DELETE	5.1 TITLE		-					Change	Addition
TITLE			5.2 NAME								_
NAME			5.3 STRE								
STREET ADDRESS											;
CITY-ST-ZIP			5.4 CITY-		IF						A Julia co
TITLE		☐ OELETÉ	6.1 TITLE							☐ Change	Addition
NAME			6.2 NAME					•			
STREET ADDRESS			6.3 STRE	£T AD	ORESS		*				

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 suppliemental 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 of the

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90025 021 ***150.00