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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

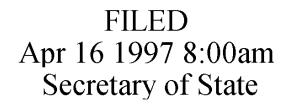
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J35369

(4)

TAMPA BAY STEVEDORES INC.





- mnçipai mace	e or business	waiing	Maiing Address								
1717 MCCLOSKEY BLVD TAMPA FL 33805 US			288 EDGEWATER STREET STATEN ISLAND, NY. 10305-4934								
						3. Date Incorporated or Qualified					
<del></del>	lace of Business	2a. Maili	ng Address				4. FEI Number	<del></del>		Applied For	
21		26					13-3379082			Not Applicable	
Suite, Apt. ( 22	#, elc	27 Suite	Suite. Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	е	City	& State				6. Election Campaign Financing		\$5.0	May Be	
23		28					Trust Fund Contribution		Adde	d to Fees	
Zip	Country	Zip		Cour	ntry		8. This corporation has liability for i			r s. 199.032,	
24	25	29	<b>41</b>	30					J No		
	9. Name and Address of Curr	ent Hegisterea	Agent		81	Name	10. Name and Address of New Re	gistered A	gent		
	OLPH, WILLIAM J.			[	۱'	Name					
	7 MCCLOSKEY BLVD IPA FL 33605		82 Street A		Street Add	ddress (P.O. Box Number is Not Acceptable)					
					83					· · · · · · · · · · · · · · · · · · ·	
				ŀ	84	City			85 Z	ip Code	
						•		FL		•	
office or ri agent I a	to the provisions of Sections cor.or registered agent, or both, in the Sta in familiar with, and accept the obl	te of Florida. Su gations of, Sec	ich change was tion 607,0505, F	authorized Florida Statu	i by Ites.	the corporal	poration submits this statement for the p lion's board of directors. I hereby accep	of the appo	sintment	as registered	
SIGNATURE											
	Signature, type:i or profed hame of registered a				Agen	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FOR AND	DIDECT	ODC IN 12	
12.	OF ICERS A	ND DIRECTOR	DELETE	13.			ADDITIONS/CHANGES TO OFFIC		Chang		
TITLE	RUDOLPH, JAMES A.		L. Ditter							le LI ROUMON	
NAME	288 EDGEWATER ST.			1.2 NAI		************					
STREET ADDRESS	STATEN ISLAND, NY.			1		ADDRESS					
CITY-ST-ZIP THIL€	VS		DELETE	14 CiT		1-ZIP			Chang	e Addition	
j	RUDOLPH, ARTHUR J.		L Detert	1						le [] vaoition	
NAME	124 STARBOARD ST.			2.2 NA		1000000					
STREET ADDRESS	PORT NEWARK NJ					ADDRESS	<b>.</b> .				
CHTY - ST - ZIP TITLE	I WITT THETTY HAT FAV		DELETE	2. 4 CI		I - ZIP	17.		Chang	e Addition	
NAME I			- PLANT	3.1 10 3.2 NA		1				,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,	
STREET ADDRESS						ADDRESS					
				3.3 S/I							
CHY-SI-ZE TOLE			DELETE	4.1 TIT		1-21r			Chang	e Addition	
NAME				4. 2 NA		1			_ "		
STREET ADDRESS						ADDRESS					
CHY-ST-ZIP				4.4 CIT							
Tru			DELETE	5.1 TiT					Chang	e 🔲 Addition	
NAME				5.2 NA							
STREEL ADDRESS						ADDRESS					
CITY-S1-ZIP				5.4 CIT							
TITLE			DELETE	6.1 TIT		Lit		<del></del>	Chang	e Addition	
NAME				62 NA							
ţ						ADDRESS					
STREET ADDRESS				4							
CITY-S1-ZIP	L			6.4 CIT	Y - ST	1-ZIP					

14. I do 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 diffeour of the corporation or the occurrence in the control of the corporation or the occurrence in the control of the corporation of the corporation of the occurrence in the occurrence of the corporation of the occurrence in the occurrence of the occurrence occurrence of the occurrence occ

SIGNATURE:

3/20/97

(718) 273-6565

Daytime Phone #