FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1006



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

	1330	DIVISION OF	CONFORA		лчэ				
DOCUN 1. Corporation	MENT # K9571								
NORDIC	C SHIP CONSULTANTS, IN								
	·					<u> </u>			
Principal Place of Business Mailing Address									araii aisii sääi
1525 \$ ANDREWS AVE 1323 SE 17 ST									
STE 218 STE 521 FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316									
US US						3. Date Incorporated or Qualified	За.	Date of Last Re	
						06/15/1989		03/16/199	35
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		/	Applied For
21 26 26 27 April 18						······································			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		*	Additional
City & State City & State						6. Election Campaign Financing			Required
23 28 28						Trust Fund Contribution			May Be
Zip Country Zip			Country			This corporation has liability for intangible tax under s 199.032,			
25 29			30			Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New F	legiste	red Agent	
			•	91	Name				
MORAITIS, ROBERT J.				32	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)		
1310 SE THIRD AVE			ļ.,						
FT. LAUDERDALE FL 33316			{	33					
			1	34	City			85 Zig	Code
11 Pursuant to	the provisions of Sections 607 050	2 and 607 1508 Florida Statut	as the show	1	amod corner	ation submits this statement for the pu		L L	aniatavad alfaa
or registere	ed agent, or both, in the State of Flori	ida. Such change was authoriz	red by the co	orbo 6-19	arried corpora pration's boar	ation submits this statement for the pull d of directors. I hereby accept the app	ointmer	t as registered	egistered office agent, I am
	n, and accept the obligations of, Sec	tion 607.0505, Florida Statutes	3.						
SIGNATURE _	Signature, typed or printed name of registered agen	it and title if applicable. (NC	DTE: Registered A	gent	signature required	f when reinstating)	DA`	E	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFF	ICERS .	AND DIRECTO	RS IN 12
TITLE			1. 3 TITO	1. 1 TITLE				Change	☐ Addition
NAME	HUZELL, ULF		1.2 NAM	1.2 NAME					
STREET ADDRESS	1323 SE 17TH ST., STE. S-521		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL ST CT DELETE			1.4 CHY-ST-ZIP 2.1 TITLE					
TITLE	1017011 102							Change	☐ Addition
NAME	1000 OF 17TH OT OVE 0 CO.			22 NAME					
STREET ADDRESS	FT. LAUDERDALE FL		2.3 STREET ADDRESS 2.4 City-St-Zip		·				
CITY-ST-ZIP TITLE	PI. LAUDENDALE PL				-ZIP			☐ Change	Addition
NAME				3. 1 TITLE 3.2 NAME		•		☐ change	☐ Yourion
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4 C/TY		i	· ·			
TITLE	Files			4.1 TITLE				Change	Addition
NAME		_	4.2 NAM	1É					
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP			4.4 CITY						
TITLE		☐ DELE1E	5 1 TITL					Change	☐ Addition
NAME			5.2 NAM	ΨE					_
STREET ADDRESS			5.3 STR	EET A	ADORESS				
CITY-ST-ZIP	5.40			- ST-	- ZIP				
TITLE	☐ DELETE		6. 1 TITL	6. 1 TITLE				Change	☐ Addition
NAME			6.2 NAM	ΙE					
STREET ADDRESS			6.3 STR	EET A	ADDRESS	,			
CITY-ST-ZIP			6.4 CITY						
14. I do hereby certify that t	certify that the information supplied the information indicated on this applicated	with this filing is voluntarily furn	ished and do	DOS true	not qualify for	or the exemption stated in Section 119, e and that my signature shall have the	07(3)(k)	Florida Statute	es. I further
oath; that I appears in	am an officer or director of the control Block 12 or Block 13 if changed,	pration or the receiver or truster on an attachment with an addr	e empowere ress.	d to	execute this	e and that my signature shall have the report as required by Chapter 607, Fli	orida St	atutes; and tha	t my name

SIGNATURE: _

ULF HUZELL URE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12-96 984-524-0028
Daytine Phone #