PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K95717.

NORDIC SHIP CONSULTANTS, INC.

Principal Plac	e of Business	Mailing Address		1 (00(8(1) 6)0 (0)0) (0)1111 (000) (190) (000)	11811 81811 61811 81811 81811 1981
1525 S ANDREWS AVE		1323 SE 17 ST			
STE 218		STE 521		DO NOT WRITE IN THIS	SPACE
· · · · · · · · · · · · · · · · ·		ft. Lauderdale fl. 33316 US		3. Date Incorporated or Qualifed	
••				06/15/1989	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0167989	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	<u> </u>	27		J. Certificate of Citation Desired	Fee Required
City & State		City & State	•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	
24	25	29 30	_ '	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current			10. Name and Address of New Registered	Agent
			81 Name		,
MORAITIS, ROBERT J.			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	·
1310 SE THIRD AVE			UZ Sueer Aud	indas (1 . o. Box Hamper to Net Associatio)	
FT. 1	LAUDERDALE FL 33316		83		
			84 City	1 1 1 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3	85 7in Côde 1
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	, the above-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing its registered
office or r	egistered agent, or both, in the State t im familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statutes.	ion's board of directors. Thereby accept the appo	manent as registered
SIGNATURE				_	
	Signature, typed or printed name of registered agent		egistered Agent signature require		NO DIDECTORE IN 42
12.	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	DPV	□ DECEIE	§		
NAME	HUZELL, ULF		1.2 NAME		
STREET ADDRESS	1323 SE 17TH ST., STE. S-521		1.3 STREET ADDRESS		
TITLE	FT. LAUDERDALE FL ST	. DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
Į.	SI HUZELL, ULF	□ pre	2.2 NAME		_
NAME			2.3 STREET ADDRESS		1
STREET ADORESS	FT. LAUDERDALE FL		-2, 4 CITY-ST-ZIP		
CITY-ST-ZIP ——	FI. DOUGRUALE FL	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
ł			3.4. CITY-ST-ZIP	•	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		Change Addition
NAME	,		4. 2 NAME		_
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE					
1		☐ DELETE	5.1 TITLE		Change Addition
NAME		☐ DELETE			Change Addition
NAME STREET ADORESS		☐ DELETE	5.1 TITLE	· ·	Change Addition
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME		Change Addition
		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
STREET ADORESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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 supplierental 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 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 changing the interest of the corporation of the receiver of the receive

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING DESICER OR DIRECTOR

984-524-2140

FILED

May 01, 1999 8:00 am Secretary of State

05-01-1999 90086 049 ***158.75