

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L54008

(2)

1. Corporation Name

BRIDGEPORT SHIPPING LINES, INC.

Principal Place of Business

11700 N.W. 100TH RD.  
MEDLEY FL 33178

Mailing Address

11700 N.W. 100TH RD.  
MEDLEY FL 33178-1033

FILED  
97 MAY 19 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified  
03/01/1990

3a. Date of Last Report  
06/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number  
65-0334541

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOLDFARB, GARY  
11700 N.W. 100TH RD.  
MEDLEY FL 33178

10. Name and Address of New Registered Agent

81 Name

CORPORATION SERVICE COMPANY

82 Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET,

83

84 City

TALLAHASSEE

FL

85 Zip Code

32301

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

Patricia Pigato

(NOTE: Registered Agent signature required when reinstating)

5/19/97

12. OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE  
NAME WESTON, PATRICK H  
STREET ADDRESS 120 STANDIFER DR.  
CITY- ST- ZIP HUMBLE TX

TITLE SD ☐ DELETE  
NAME NODORFT, DONALD A  
STREET ADDRESS 120 STANDIFER DR.  
CITY- ST- ZIP HUMBLE TX

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME 100002182751-3  
1.3 STREET ADDRESS -05/19/97-01069-004  
1.4 CITY- ST- ZIP \*\*\*\*\*165.00 \*\*\*\*\*165.00

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- 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 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 as an Attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/22/97

281-446-2656

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CR2E034 (9/96)