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May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT #

NA2000000948

1. Corporation Name:

FIRST COAST SHIPPERS ASSOCIATION INC.

Principal Place of Business

2831 TALLEYRAND AVE.
SUITE 209
JACKSONVILLE, FL. 32206

Mailing Address

2831 TALLEYRAND AVE.
SUITE 209
JACKSONVILLE, FL. 32206

2. Principal Place of Business

21 2831 TALLEYRAND AVE.

2a. Mailing Address

26 2831 YALLEYRAND AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 209

27 SUITE 209

City & State

City & State

23 JACKSONVILLE, FL.

28 JACKSONVILLE, FL.

Zip

Country

Zip

Country

24 32206

25 DUVAL

29 32206

30 DUVAL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUSSBAUM, WILLIAM
1851 EXECUTIVE CTR. DRIVE
SUITE 102
JACKSONVILLE, FL. 32207

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME OSTIN, GEORGE
STREET ADDRESS 2260 UNIVERSITY BLVD.N -APT. 19
CITY-ST-ZIP JACKSONVILLE, FL. 32211

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D
NAME POSTI-TAYLOR, TERRI L
STREET ADDRESS 12985 CURT DRIVE
CITY-ST-ZIP JACKSONVILLE, FL. 32223

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D
NAME RITTER, JEROME W.
STREET ADDRESS 12974 PALMETTO GLADE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL. 32246

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

George Ostin GEORGE OSTIN

4/9/97

(904)
355-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)