


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997 / 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N92000000948 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. Suite, Apt. #, etc. 22 SUITE 209 City & State 23 JACKSONVILLE, FL. Zip 24 32206		2a. Mailing Address 26 2831 TALLEYRAND AVE. Suite, Apt. #, etc. 27 SUITE 209 City & State 28 JACKSONVILLE, FL. Zip 29 32206	
3. Date Incorporated or Qualified 12/18/92		3a. Date of Last Report 4/18/96 4/10/97	
4. FEI Number 59-3178207		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent NUSSBAUM, WILLIAM 1851 EXECUTIVE CTR. DRIVE SUITE 102 JACKSONVILLE, FL. 32207		10. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE OSTIN, GEORGE 2260 UNIVERSITY BLVD.N -APT. 19 JACKSONVILLE, FL. 32211	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE POSTI-TAYLOR, TERRI L 12985 CURT DRIVE JACKSONVILLE, FL. 32223	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE RITTER, JEROME W. 12974 PALMETTO GLADE DRIVE JACKSONVILLE, FL. 32246	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600002543246 -06/02/98--01008--010 ***61.25
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: <i>George Ostin</i> GEORGE OSTIN 4/24/98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E037 (9/96)