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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P10916

(5)

INTERCONTINENTAL NAVIGATION LINES INCORPORATED

								//		
Principal Place of Business Mailing Address							311 G1E11 S1S11 S1E	AL BIB41 610	711 6161: 1561	
				OR BLVD STE 750						
ONDARIOU PL	32018	ORLANDO FL 32819					DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			
							07/25/1986			
2. Principal Pla	ace of Business	2a. Mailinç	Address				4. FEI Number		<del></del>	pplied For
21		26		· · · ·			95-2502662	<del></del>		ot Applicable
Suite, Apt #	I, etc.	Surte, Apt. #, etc.					5. Certificate of Status Desired			Additional
22		27								equired
City & State		City &	State				6. Election Campaign Financing			May Be
23	Country	<b>28</b>		T			Trust Fund Contribution			to Fees
<del></del>		7 Country 30				8. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. Yes No				
24	g. Name and Address of Current		gent	[30]			10. Name and Address of New Re			
- N					81	Name		•		
	TTON, MICHAEL J 28 Major blyd ste 750									
	LANDO FL 32819		8			Street Addre	ss (P.O. Box Number is Not Acceptal	)(e)		
UN	DANOU FL 32819			<u> </u>	83			· · · · · · · · · · · · · · · · · · ·		
				Ļ	_					
				- 1	84	City		FI <sup>l</sup>	85 Zip	Code
11. Pursuant to	o the provisions of Sections 607 0502	and 607 1508	Florida Statu	ites, the ab	OVE	a-named corpo	ration submits this statement for the	ourpose of ch	anging i	ts registered
office or re	o the provisions of Sections 607 0502 gistered agent, or both, in the State ( n familiar with, and accept the obligat	of Horida, Such	change was	authorized	by	the corporation	on's board of directors. I hereby acce	pt the appoin	tment as	registered
	n tamiliar with, and accept the obligat	tions of, Sectio	in 607.0505, r	ionda State	ues	5.				
SIGNATURE	Signature, typed or printed name of registered agen	t and for it nowleaf	de (NO	I.E. Registered	Age	ent signature required	d when reinstating)	DATE		
12.	OFFICERS AND			13.	_		ADDITIONS/CHANGES TO OFFIC	CERS AND D	RECTOR	RS IN 12
TITLE	VTSM		DELETE	1.1 TIT	LF.				Change	Addition
NAME	DUTTON, MICHAEL			12 NA	ME					
STREET ADDRESS	5728 MAJOR BLVD STE 750			13 STF	REET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL			1.4 CIT	Y-\$	IT-ZIP				
TITLE	PD		DELETE	2 1 TIT	LE				Change	Addition
NAME	CHARLTON, DAVID			2.2 NA	ME					
STREET ADDRESS	75-20 ASTORIA BLVD.			2 3 STF	REET	ADDRESS				
CITY-ST-ZIP	JACKSON HEIGHTS NY			2 4 CI	TY - 5	ST - ZIP				
TIFLE	D		DELETE	3 1 TIT	Lŀ				Change	Addition
NAME	MOSS, DALE			3.2 NA	ME	1				
STREET ADDRESS	75-20 ASTORIA BLVD.			3.3 STF	REET	ADDRESS				
CITY-ST-ZIP	JACKSON HEIGHTS NY			3.4. CI	1Y-5	ST-ZIP				
TITLE	D		☐ DELETE	4 \$ 717	LF			L.	] Change	Addition
NAME	HEAPE, ROGER			4.2 NA	ME					
STREET ADDRESS	HAZELWICK AVE,3 BRIDGES			4.3 STF	REET	ADDRESS				
CITY-S1-ZIP	CRAWLEY, W SUSSEX,UK			4.4 CIT		ST-ZIP			1 2.	
TITLE	D		DELETE	5,1 7(7				Ĺ	Change	Addition
NAME	Jasinski, Paul			5.2 NA	ME					
STREET ADDRESS	75-20 ASTORIA BLVD.			5.3 \$16	REET	ADDRESS				
CITY-S1-ZIP	JACKSON HEIGHTS NY			5.4 CIT		ST - ZIP				
TITLE			DELETE	6.1 TIT	LE		÷	∟	Change	Addition
NAME				6.2 NA	ME					
CTOCCT ADDDCCC				63014	REET	ADDRESS				

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 supplimental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of changed, or on an attachment with an address.

SIGNATURE:

2/06/09

407 245 0114

**FILED** 

Feb 13 1998 8:00am

Secretary of State

. J. LEBONOUK NON KINNI SILIIS NOKAN ALBAN OLUN ELEKI BIRIN OLON OKOLI OLUKI OLUKI ALBAN ALBAN ALBAN