

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90229 014 ***158.75

DOCUMENT # P10916

1. Corporation Name

INTERCONTINENTAL NAVIGATION LINES INCORPORATED

Principal Place of Business

5728 MAJOR BLVD STE 750
ORLANDO FL 32819

Mailing Address

5728 MAJOR BLVD STE 750
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1986

4. FEI Number

95-2502662

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 owes the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

DUTTON, MICHAEL J
5728 MAJOR BLVD STE 750
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name Anne Tedesco

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

5728 Major BLVD STE 750

83

84 City Orlando

FL

85 Zip Code

32819

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

Anne Tedesco

Anne Tedesco, Director

1-12-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTSM
NAME DUTTON, MICHAEL
STREET ADDRESS 5728 MAJOR BLVD STE 750
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE PD
NAME CHARLTON, DAVID
STREET ADDRESS 75-20 ASTORIA BLVD.
CITY-ST-ZIP JACKSON HEIGHTS NY

☐ DELETE

TITLE D
NAME MOSS, DALE
STREET ADDRESS 75-20 ASTORIA BLVD.
CITY-ST-ZIP JACKSON HEIGHTS NY

☐ DELETE

TITLE D
NAME HEAPE, ROGER
STREET ADDRESS HAZELWICK AVE, 3 BRIDGES
CITY-ST-ZIP CRAWLEY, W SUSSEX, UK

☐ DELETE

TITLE D
NAME JASINSKI, PAUL
STREET ADDRESS 75-20 ASTORIA BLVD.
CITY-ST-ZIP JACKSON HEIGHTS NY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VTSM
1.2 NAME Anne Tedesco
1.3 STREET ADDRESS 5728 Major BLVD STE 750
1.4 CITY-ST-ZIP Orlando FL 32819

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Anne Tedesco

Anne Tedesco, Director 1-12-99 (407) 345-0114

Date

Daytime Phone #

CR2E034 (11/98)