FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P17604** **(0)**

1. Corporation Name

MARINE TRANSPORTATION SERVICES SEA-BARGE GROUP, INC.

Principal Place of Business	Mailing Address
C/O TIMOTHY ARMSTRONG 2600 DOUGLAS RD., #1111 CORAL GABLES FL 33134 US	1440 CANAL ST., #2100 STE 2100 NEW ORLEANS LA 70112 US

3. Date Incorporated or Qualified: **01/11/1988**
3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2570298** ☐ 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

ARMSTRONG & MEJER
TIMOTHY J. ARMSTRONG
2600 DOUGLAS ROAD SUITE 1111
CORAL GABLES FL 33134

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 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MCGOVERN, JACK		12 NAME		
STREET ADDRESS	1040 PORT BLVD., STE 405		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MCGOVERN, JACK		22 NAME		
STREET ADDRESS	1040 PORT BLVD. STE. 405		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	RIGDON, LARRY T.		32 NAME		
STREET ADDRESS	1440 CANAL ST #2100		33 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA		34 CITY-ST-ZIP		
TITLE	V	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	OSWALD, LOWELL		42 NAME		
STREET ADDRESS	2075 TALLEYRAND AVE		43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		44 CITY-ST-ZIP		
TITLE	C	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	CURRENCE, RICHARD M		52 NAME		
STREET ADDRESS	1440 CANAL ST #2100		53 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA		54 CITY-ST-ZIP		
TITLE	S	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	GOLDBLATT, MICHAEL L		62 NAME		
STREET ADDRESS	1440 CANAL ST #2100		63 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA		64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: M. L. Goldblatt 3/11/96 504/566-4524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
Michael L. Goldblatt