


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				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 C/O TIMOTHY ARMSTRONG 2600 DOUGLAS RD., #1111 CORAL GABLES FL 33134 US			Mailing Address 1440 CANAL ST., #2100 STE 2100 NEW ORLEANS LA 70112 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/11/1988	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 03/21/1996	
City & State 23		City & State 28		4. FEI Number 59-2570298	
Zip 24		Country 25		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23		City & State 28		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24		Country 25		8. Name and Address of Current Registered Agent ARMSTRONG & MEJER TIMOTHY J. ARMSTRONG 2600 DOUGLAS ROAD SUITE 1111 CORAL GABLES FL 33134	
City & State 23		City & State 28		9. 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	
Zip 24		Country 25		10. 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 12. OFFICERS AND DIRECTORS		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		CR2E034 (4/97)	
TITLE P		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MCGOVERN, JACK		1.2 NAME			
STREET ADDRESS 1040 PORT BLVD., STE 405		1.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP			
TITLE D		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MCGOVERN, JACK		2.2 NAME			
STREET ADDRESS 1040 PORT BLVD. STE. 405		2.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP			
TITLE D		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME RIGDON, LARRY T.		3.2 NAME			
STREET ADDRESS 1440 CANAL ST #2100		3.3 STREET ADDRESS			
CITY-ST-ZIP NEW ORLEANS LA		3.4 CITY-ST-ZIP			
TITLE V		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME OSWALD, LOWELL		4.2 NAME			
STREET ADDRESS 2075 TALLEYRAND AVE		4.3 STREET ADDRESS			
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP			
TITLE C		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME CURRENCE, RICHARD M		5.2 NAME			
STREET ADDRESS 1440 CANAL ST #2100		5.3 STREET ADDRESS			
CITY-ST-ZIP NEW ORLEANS LA		5.4 CITY-ST-ZIP			
TITLE S		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME GOLDBLATT, MICHAEL L		6.2 NAME			
STREET ADDRESS 1440 CANAL ST #2100		6.3 STREET ADDRESS			
CITY-ST-ZIP NEW ORLEANS LA		6.4 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 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. McGovern* 8/11/97 504/566-4524