

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90195 014 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P18747**

1. Corporation Name

**ADMIRAL TOWING AND BARGE COMPANY**

Principal Place of Business

**1800 TERMINAL TOWER  
CLEVELAND OH 44113-2204**

Mailing Address

**1800 TERMINAL TOWER  
CLEVELAND OH 44113-2204**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/08/1988**

4. FEI Number

**34-1253891**

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**GUREN, SHELDON B.  
1101 BRICKELL AVE.  
STE. M100  
MIAMI FL 33131**

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

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **RASMUS, RONALD C.**  
STREET ADDRESS **32450 MEADOWLARK WAY**  
CITY-ST-ZIP **PEPPER PIKE OH**

TITLE **V** ☐ DELETE

NAME **SOGOR, GEORGE L.**  
STREET ADDRESS **7587 EDGEWOOD LANE**  
CITY-ST-ZIP **SEVEN HILLS OH**

TITLE **S** ☐ DELETE

NAME **KOSLEN, JOEL M.**  
STREET ADDRESS **191 TEAL TRACE**  
CITY-ST-ZIP **MAYFIELD HEIGHTS OH**

TITLE **D** ☐ DELETE

NAME **GUREN, SHELDON B.**  
STREET ADDRESS **2000 S. BAYSHORE DR., #3**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **TALLISMAN, ERNEST E.**  
STREET ADDRESS **200 GLEN DRIVE**  
CITY-ST-ZIP **MORELAND HILLS OH**

TITLE **D** ☐ DELETE

NAME **KOROTOKY, PAMELA G.**  
STREET ADDRESS **5222 RUSSELL STREET H26**  
CITY-ST-ZIP **TAMPA FL 33711**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*George L. Sogor* **George L. Sogor V.P. Finance**

**4/22/99**

**216 621 4854**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)