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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000072668 (5)

NASHNEV INTERNATIONAL SHIPPING INC.

Principal Plac	e of Business	Mailing Address				
Principal Place of Business  333 FALKENBURG RD. N. SUITE A-#101 TAMPA FL 33619		333 FALKENBURG RD. N. SUITE A-#101 TAMPA FL 33619		DO NOT WRITE IN T	HIS SPACE	
US		U\$			3. Date incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address			10/11/1993 4. FEI Number	Applied For
21		26			59-3203925	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			Election Campalgn Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	——— h		Countr			☐ Yes ☐ No
	g, Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registe	red Agent
NE NE	VINS, PETER		81	Name		
333 FALKENBURG ROAD Suite <del>6.802</del> A 10 (			82	<u></u>	ddress (P.O. Box Number is Not Acceptable)	
	MPA FL 33619		83			
			84	1 7		FL 85 Zip Code
11. Pursuant office or ragent, fia	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obl	502 and 607,1508, Florida Stat ite of Florida, Such change was ligations of, Section <mark>607,050</mark> 5, F	utes, the above authorized by lorida Statute	re-named co by the corpo es.	orporation submits this statement for the purpo oration's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	Signature, typed or profest name of registered in	marta star darek atau (Mi	Olf Doolswood As	ant elegative to	equired when reinstating) DA	ite -
12.		AND DIRECTORS	13.	lant arbustua is	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P DILETE		1.1 THLE			Change Addition
NAME	NASH, GARY J.		1.2 NAME			
STREET ADDRESS	333 FALKENBURG RD., A-1	01	- 1	t address		
CITY-ST-ZIP	TAMPA FL	DELFTE	1.4 CITY-	ST-ZIP		Change Addition
TITLE NAME	VP		2 1 TITLE 2 2 NAME			C. Cusule C. Audulion
STREET ADDRESS	NEVINS, PETER 333 FALKENBURG ROAD, A	A-101	23 STRFE	T ADDRESS		
CITY-ST-ZIP TITLE	TAMPA FL	DELETE	2.4 CITY	ST-ZIP		Change Addition
NAME		C. Deterio	3 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4 CITY	. 1		)
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME	: }		
STREET ADDRESS			43 STREE	T ADDRESS		
CITY-ST-ZIP		Doute	4.4 C(TY-	S1-ZIP		Change Addition
TITLE		DELETE	5.1 TITLE			LJ GHANGE LJ AUUJUSD:
NAME CINCET ADDOCCO			5.2 NAME	1 ADDRESS		
STREET ADDRESS			5.3 STREE 5.4 CITY-	1		Ì
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	31.41		Change Addition
NAME		p	6.2 NAME			
STREET ADDRESS				T ADDRESS		

14. Thereby certify that the information supplied with this filling 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 an attachment with an address.

SIGNATURE:

Many wall

2-25-98

**FILED** 

Mar 19 1998 8:00am

Secretary of State

F024 (10/97)