

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 15, 1999 8:00 am
Secretary of State
09-15-1999 90003 009 ***550.00

OCUMENT # **P94000030431**

Corporation Name
1090 SHIPPING, INC.



Principal Place of Business
S.W. 116TH ST.
MI FL 33176

Mailing Address
9335 S.W. 116TH ST.
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/21/1994	
4. FEI Number 65-0484348	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WOOD, RICHARD A 1111 LINCOLN ROAD MALL SUITE 500 MIAMI BEACH FL 33139		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME PD CLEMENTS, CHARLES L III	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. ADDRESS 9335 S.W. 116TH ST. MIAMI FL 33176		1.2 NAME	
3. CITY-STATE-ZIP MIAMI FL 33176		1.3 STREET ADDRESS	
4. CITY-STATE-ZIP MIAMI FL 33176		1.4 CITY-STATE-ZIP	
5. NAME STD CLEMENTS, THOMAS M	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. ADDRESS 9335 S.W. 116TH ST. MIAMI FL 33176		2.2 NAME	
7. CITY-STATE-ZIP MIAMI FL 33176		2.3 STREET ADDRESS	
8. CITY-STATE-ZIP MIAMI FL 33176		2.4 CITY-STATE-ZIP	
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. ADDRESS		3.2 NAME	
11. CITY-STATE-ZIP		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. ADDRESS		5.2 NAME	
19. CITY-STATE-ZIP		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. ADDRESS		6.2 NAME	
23. CITY-STATE-ZIP		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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.

SIGNATURE: **CHARLES L. CLEMENTS III** 9/9/99 305-255-9639

CR2E034 (5/99)