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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P94000060969

1. Corporation Name

SEABOARD MARINE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
8050 N.W. 79TH AVENUE MIAMI FL 33166	8050 N.W. 79TH AVENUE MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/18/1994

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: 65-0526653 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRESKY, H.H.		1.2 NAME		
STREET ADDRESS	200 BOYLSTON STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTNUT HILL MA 02167		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUES, J.E.		2.2 NAME		
STREET ADDRESS	9000 W. 67TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	SHAWNEE MISSION KS 66201		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	Vice President / Treasurer	☒ Change ☐ Addition
NAME	STEER, ROBERT		3.2 NAME		
STREET ADDRESS	9000 W 67TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SHAWNEE MISSION KS		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRESKY, H.H.		4.2 NAME		
STREET ADDRESS	200 BOYLSTON STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTNUT HILL MA 02167		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TUTUN, MARSHALL L		5.2 NAME		
STREET ADDRESS	ONE POST OFFICE SQUARE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02109		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BECKER, DAVID M		6.2 NAME		
STREET ADDRESS	9000 W. 67TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	SHAWNEE MISSION KS 66201		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Robert L. Steer — 2/24/99 — 913-676-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #