

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000061258 (7)

1. Corporation Name

SEAPORT EXPRESS TRANSPORT, INC.



Principal Place of Business

Mailing Address

10050 N.W. 116TH WAY  
SUITE 9  
MEDLEY FL 33178

10050 N.W. 116TH WAY  
SUITE 9  
MEDLEY FL 33178

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 10050 N.W. 116th Way #1  
23 City & State  
24 Medley, Fl.  
25 Zip  
26 33178  
27 Country  
28 USA  
29 33178  
30 USA

9. Name and Address of Current Registered Agent

BROADBENT, DARRELL  
5102 N.W. 79TH AVE.  
APT. 304  
MIAMI FL 33165

3. Date Incorporated or Qualified 08/19/1994  
3a. Date of Last Report 05/01/1995  
4. FEI Number 65-0512978  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No  
10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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, type or printed name of registered agent and the filer, if applicable

(NOTE: Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
BROADBENT, DARRELL  
5102 N.W. 79TH AVE., APT. 304  
MIAMI FL 33165  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
WROE, JAMES  
5266 GENERAL ROAD UNIT # 18  
MISSISSAUGA ONTARIO L4W 127  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARRELL BROADBENT

305  
4/14/95  
863 8833  
Daytime Phone #

CR2E034 (12/95)