2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90098 044 ***150.00

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1. Entity Name

P&O PORTS FLORIDA, INC.

Principal Place of Business	Mailing Address
1007 NORTH AMERICA WAY DODGE ISLAND MIAMI FL 33132 US	99 WOOD AVE SOUTH 8TH FLOOR ISELIN NJ 08830 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0544469 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SIMMERS, THOMAS J 99 WOOD AVENUE SOUTH ISELIN NJ 08830	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCAVONE ROBERT 99 WOOD AVENUE SOUTH 8th FLOOR ISELIN NJ 08830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP WALTERS, PATRICK 99 WOOD AVE. SOUTH, 8TH FLOOR ISELIN NJ 08830	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP WILLMOT GARY 99 WOOD AVENUE SOUTH 8th FLOOR ISELIN NJ 08830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CASHON, BRUCE 99 WOOD AVENUE ISELIN NJ 08830	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP MORRISSEY PATRICK 601 LOUISIANA AVE NEW ORLEANS LA 70115	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MORTON, CHRISTOPHER C 1007 N AMERICA WAY MIAMI FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP FOGARTY FRANK 147 RACHEL COURT FRANKLIN PARK NJ 08823	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC LACQUA, ROBERT A 99 WOOD AVENUE ISELIN NJ 08830	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CUMMINGS MARK 99 WOOD AVENUE SOUTH 8th FLOOR ISELIN NJ 08830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RUTER, HERMAN 99 WOOD AVENUE ISELIN NJ 08830	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WILSON MARK 99 WOOD AVENUE SOUTH 8th FLOOR ISELIN NJ 08330	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ GARY WILLMOT 4/19/04 732 635 3839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #