

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 DEC -2 PM 3: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000006395 (4)
1. Corporation Name

SHIPPING LORDS, INC.

Principal Place of Business

Mailing Address

9535 SATELLITE BLVD. (SAME)
SUITE 100
ORLANDO, FL 32837

REINSTATEMENT 96

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1995		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-1659990		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, IRA T
6111 N HIATUS ROAD
SUITE 160
COOPER CITY FL 33026

81 Name MIKE Monzadeh
82 Street Address (P.O. Box Number is Not Acceptable)
1531 Lee Rd.
83 Winter Park Fl. 32789
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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required on reinstatement)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP DIRECTOR OF CO.	11 TITLE	President	Change ☒ Addition ☐			
NAME	DARRELL BERTHEN	12 NAME	Neville Williams				
STREET ADDRESS		13 STREET ADDRESS	9535 Satellite Blvd. #100				
CITY-ST-ZIP		14 CITY-ST-ZIP	Orlando Fla. 32837	Change ☒ Addition ☐			
TITLE		21 TITLE	MIKE Monzadeh *V.P.*				
NAME		22 NAME	9535 Satellite Blvd #100				
STREET ADDRESS		23 STREET ADDRESS	Orlando Fla. 32837				
CITY-ST-ZIP		24 CITY-ST-ZIP					
TITLE		31 TITLE		Change ☐ Addition ☐			
NAME		32 NAME					
STREET ADDRESS		33 STREET ADDRESS					
CITY-ST-ZIP		34 CITY-ST-ZIP					
TITLE		41 TITLE		Change ☐ Addition ☐			
NAME		42 NAME					
STREET ADDRESS		43 STREET ADDRESS					
CITY-ST-ZIP		44 CITY-ST-ZIP					
TITLE		51 TITLE		Change ☐ Addition ☐			
NAME		52 NAME					
STREET ADDRESS		53 STREET ADDRESS					
CITY-ST-ZIP		54 CITY-ST-ZIP					
TITLE		61 TITLE		Change ☐ Addition ☐			
NAME		62 NAME					
STREET ADDRESS		63 STREET ADDRESS					
CITY-ST-ZIP		64 CITY-ST-ZIP					

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 139.07(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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13, and is accompanied by an address.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR
NEVILLE WILLIAMS/PRESIDENT

09/25/96 (407) 240-7744