

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P96000001189 (5)

1. Corporation Name

~~CARIBBEAN STEAMSHIP COMPANY~~  
SEVEN SEAS STEAMSHIP COMPANY, INC.



Principal Place of Business

800 FAIRWAY DRIVE #295  
DEERFIELD BEACH FL 33441

Mailing Address

800 FAIRWAY DRIVE #295  
DEERFIELD BEACH FL 33441

2. Principal Place of Business

21 1350 E. NEWPORT CENTER DR.

Suite, Apt. #, etc.

22 SUITE 201

City & State

23 DEERFIELD BEACH, FL

Zip

24 33442

Country

25 USA

2a. Mailing Address

26 1350 E. NEWPORT CENTER DR.

Suite, Apt. #, etc.

27 SUITE 201

City & State

28 DEERFIELD BEACH, FL

Zip

29 33442

Country

30 USA

3. Date Incorporated or Qualified

12/28/1995

3a. Date of Last Report

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

9. Name and Address of Current Registered Agent

SUTTON, JOHN R ESQ  
7721 S.W. 62ND AVENUE #101  
MIAMI FL 33143

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

Signature, typed or printed name of registered agent and officer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GOOLEY, RICHARD D  
STREET ADDRESS 800 FAIRWAY DRIVE #295  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

V FELIPE A. CALDERON ☐ Change ☒ Addition

1350 E. NEWPORT CENTER DR. SUITE 201  
DEERFIELD BEACH, FL 33042

V GREGORY W. PETERS ☐ Change ☒ Addition

1350 E. NEWPORT CENTER DR. SUITE 201  
DEERFIELD BEACH, FL 33042

S/T VICTOR M. LOPEZ JR ☐ Change ☒ Addition

1350 E. NEWPORT CENTER DR. SUITE 201  
DEERFIELD BEACH, FL 33042

☐ Change ☐ Addition

☐ 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:

*Peter M. Lopez Jr.* - SECRETARY + TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96

(954) 698-0705  
Daytime Phone # 6-1-96

CR2E034 (12/95)