

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 996000036793

1. Corporation Name

Koger Shipping, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 9737 NW 41 St. Suite, Apt. #, etc.	26 9737 NW 41 St. Suite, Apt. #, etc.
22 Suite 438 City & State	27 Suite 438 City & State
23 Miami, FL Zip	28 Miami, FL Zip
24 33178 Country	29 33178 Country
25 U.S.A.	30 U.S.A.

3. Date Incorporated or Qualified
03/12/96

3a. Date of Last Report

4. FEI Number
65-0664214

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

10. Name and Address of New Registered Agent

James Taggart
7907 NW 53 St.
Suite 419
Miami, FL 33166

81 Name
Jake Mancini

82 Street Address (P.O. Box Number is Not Acceptable)
9737 NW 41 St.

83 Suite 438

84 City
Miami,

FL

85 Zip Code
33178

11. Pursuant to the provisions of Sections 607.0102 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 607.0105, Florida Statutes.

Jake Mancini

12/31/97

SIGNATURE

Signature (typed or printed name of registered agent) (typed or printed name of corporation)

Signature (typed or printed name of registered agent) (typed or printed name of corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V/S	<input checked="" type="checkbox"/> DELETE
NAME	James J. Taggart	
STREET ADDRESS	7907 NW 53 St., Suite 419	
CITY-ST-ZIP	Miami, FL 33166	

TITLE	PT David Donelli	<input type="checkbox"/> DELETE
NAME	Same address	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Carlos Valle	
13 STREET ADDRESS	9737 NW 41 St., Suite 438	
14 CITY-ST-ZIP	Miami, FL 33178	

21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		

41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		

51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		

61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David P. Donelli, President

(305) 261-2852

98 JAN 20 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/96)

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Koger Shipping, Inc.
9737 NW 41 ST, SUITE 438
MIAMI, FL 33178

December 12, 1997

Florida Department of State
Sandra B. Mortham, Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Mortham:


It has recently come to my attention that our company has recently been dissolved by the State for failure to file our annual report and pay the annual fee of \$165.00. This was due to our never receiving copies of the annual report in the mail.

On December 10, 1997, I spoke with Amy Woodward of your office and was advised that the annual report some how was returned to your office by the U.S. Postal Service without being delivered to us. As a result, we were dissolved.

As we are an active corporation, we would like to be reinstated, and have accordingly enclosed the completed annual report, which was forwarded by Ms. Woodward, plus the annual fee of \$165.00.

We apologize for the inconvenience and appreciate your response in this matter.

Also, please note our change of address. Thank you.


David P. Donelli
President