

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

**APPROVED  
AND  
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**98 NOV -5 AM 11:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT #**  
1. Corporation Name P96000077770

**FLORIDA SHIPPING AND FERRY COMPANY**

Principal Place of Business Mailing Address

One Biscayne Tower, Ste. 3400  
2 South Biscayne Blvd.  
Miami, FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 2254 Edwards Drive 25 P.O. Box 2192  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Fort Myers, FL 28 Ft. Myers, FL  
Zip Country Zip Country

24 33902 25 Lee 29 33902 30 Lee

3. Date Incorporated or Qualified  
September 12, 1996

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

Valdes-Fauli Corporates Services, Inc  
Suite 3400 One Biscayne Tower  
2 South Biscayne Blvd.  
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name Adele V. Stones, PA-  
STONES & CARDINAS  
82 Street Address (P.O. Box Number is Not Acceptable)  
221 Simonton St.  
83  
84 City Key West, FL FL 85 Zip Code  
33040

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 Adele V. Stones, President 11/3/98 10/13/98

12. OFFICERS AND DIRECTORS

TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Raul Valdes-Fauli	
STREET ADDRESS	2 S. Biscayne Blvd. Ste. 3400	
CITY-ST-ZIP	Miami, FL 33131	<input type="checkbox"/> DELETE
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

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mark C. Summers	
1.3 STREET ADDRESS	2254 Edwards Drive	
1.4 CITY-ST-ZIP	Ft. Myers, FL 33902	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	900002685973-4	
3.4 CITY-ST-ZIP	-11/12/98-01075-014	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	****550.00 ****550.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: Mark C. Summers 10/13/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mark C. Summers, Director

CR2E034 (10/97)