

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

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT  

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

**DOCUMENT #** *P96000081487*  
 1. Corporation Name  
*Surveyfert Shipping International Corp.*

Principal Place of Business Mailing Address  
*4333 S. 50th St.  
 Tampa, FL 33619-9502*

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 24 Country 25 29 Zip 30 Country

3. Date Incorporated or Qualified *27 Sept 1996* 3a. Date of Last Report *N/A*  
 4. FEI Number *59-3405673* 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  
*Joseph B. McFarland, Esq.  
 One Urban Centre, Suite 750  
 4830 W. Kennedy Blvd.  
 Tampa, FL 33609*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<i>P/T/D</i>	<input type="checkbox"/> DELETE
NAME	<i>Fabrice Tardy</i>	
STREET ADDRESS	<i>125, Route de la Bouille</i>	
CITY-ST-ZIP	<i>76530 Mauny, France</i>	
TITLE	<i>S</i>	<input type="checkbox"/> DELETE
NAME	<i>Charles Lecoute</i>	
STREET ADDRESS	<i>Rte. Nat'l 21 de Kaweni Mamoudrou</i>	
CITY-ST-ZIP	<i>97600 Mayotta, France</i>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<i>Robert Joreus</i>
13 STREET ADDRESS	<i>7, Ave. des Coquelicots</i>
14 CITY-ST-ZIP	<i>1410 Waterloo, Belgium</i>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<i>Darrell Lowe</i>
23 STREET ADDRESS	<i>4333 S. 50th St.</i>
24 CITY-ST-ZIP	<i>Tampa, FL 33619</i>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<i>900002149339</i>
63 STREET ADDRESS	<i>-04/21/97--01115--028</i>
64 CITY-ST-ZIP	<i>***165.00</i>

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:** *Darrell M. Lowe* **15 April 1997 (813) 242-6408**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)