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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000089586 (7)

1. Corporation Name
BIMINI SHIPPING, INC.

Principal Place of Business
1201 NW SOUTH RIVER DRIVE
MIAMI FL 33125

Mailing Address
1201 NW SOUTH RIVER DRIVE
MIAMI FL 33125-3735



| | | | | | | | |
|--------------------------------|--|-------------------------|--|--|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/31/1996 | | 3a. Date of Last Report N/A | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 4. FEI Number 65-0705557 | | Applied For Not Applicable | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Country | | 29. Country | | 30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent
CARTER, RICHARD C
902 NO GOLFVIEW
LAKE WORTH FL 33480

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 type: Registered agent or registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------|---|-----------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| STREET ADDRESS | CITY, ST, ZIP | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| TITLE | NAME | 2.1 TITLE | 2.2 NAME |
| STREET ADDRESS | CITY, ST, ZIP | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| TITLE | NAME | 3.1 TITLE | 3.2 NAME |
| STREET ADDRESS | CITY, ST, ZIP | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| TITLE | NAME | 4.1 TITLE | 4.2 NAME |
| STREET ADDRESS | CITY, ST, ZIP | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| TITLE | NAME | 5.1 TITLE | 5.2 NAME |
| STREET ADDRESS | CITY, ST, ZIP | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| TITLE | NAME | 6.1 TITLE | 6.2 NAME |
| STREET ADDRESS | CITY, ST, ZIP | 6.3 STREET ADDRESS | 6.4 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: *HELEN PULTS* HELEN PULTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/97 1205
1549-6121
Date Daytime Phone #

CR2E034 (9/96)