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

PROFIT **CORPORATION ANNUAL REPORT** 1998 DOCUMENT #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000036524 (1)

FILED May 11 1998 8:00am Secretary of State

ADN MARINE CARGO INC								
Principal Place o	f Business	Mailing Address				 	10 01101 A1119 110	ill biði liði
WESTON LAKE F		WESTON LAKE PLAZA	WESTON LAKE PLAZA Sunte 145					
318 INDIAN TRACE 😅 🗸 🗸 318 INDIAN TR					DO NOT	MOITE IN THIS	ODACE.	
WESTON FL 333	26	WESTON FL 33326			3. Date Incorporated or Qua	WRITE IN THIS	SPACE	
					04/23/1997	mou		1
2. Principal Place	a of Business	2a. Mailing Address			4. FEI Number - 468	27	Ar	pplied For
21		26				7	No	ot Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.	n			ed 🔀		Additional
City & State		City & State						equired
23		28			 Election Campaign Finance Trust Fund Contribution 	ing 🖂		May Be to Fees
Zip	Country	Zip	Country		8. This corporation owes or t	as paid the cu		
24	25		30		Personal Property Tax due	, ,		Z No
	 Name and Address of Current I 	Registered Agent			10. Name and Address of No	w Registered	Agent /	
ABRAI	MS, NATHANIEL	61 Nan	MAB	PAHS. NAT	HANL	E (_		
WEST	82 Stre	et Addres	ss (P.O. Box Number is Not Acc	eptable	A) -	70		
318 INDIAN TRACE			83	<u> </u>	BERMUDA		mg_	VA
MESI	ON FL 33326		63				- /	
			84 City	1150	JAN	E1	85 Zip	Code 2
11 Pursuant to 1	he provisions of Sections 607.0502	and 607 1508. Florida Statute	s the above-nam	ed corpor	ration submits this statement to	r the purpose c		
office or regi	he provisions of Sections 607.0502 stered agent, or both, in the State of application, and so op) the obligation	Florida Such change was au	thorized by the d	corporatio	n's board of directors. I hereby	accept the app	oointment as	registered
_	January Congain	Recold	you of K	2 mars	T and	0-12.19	90	
SIGNATURE SIG	sture, typed or puriled name of registered agent a		Registered Agent signs	ure required	when reinstating)	DATE	/	
12.	DIRECTOR	~	13.	т	ADDITIONS/CHANGES TO	OFFICERS AN		
i t	ABRAMS, DANIEL H ST	☐ DELETE	1.1 TITLE	- }			☐ Change	Addition
MENTANIA MENTANIA NA MINISTRANI			1.2 NAME					[]
	WESTON FL 33326	Wat Treat	1.3 STREET ADDRES	~				
TITLE		DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAME	- }				
STREET ADORESS			2.3 STREET ADDRES	ss				
CITY - ST - ZIP			2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME	- {				ļ
STREET ADDRESS			3.3 STREET ADDRES	ss				
CITY-ST-ZIP		T or ere	3.4. CITY-ST-ZIP				770	Addison
TITLE		DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRES	~				·
CITY-ST-ZIP TITLE		DELETE	4.4 CiTY-ST-ZIP 5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRES	s				ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP			_		
TITLE		DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRES	ss				ļ
CITY-ST-ZIP			6.4 CITY-ST-ZIP					
14. I hereby cert	ify that the information supplied with	this filing does not qualify for	the exemption st	ated in Se	ection 119.07(3)(i), Florida Stati	ites. I further ce	artify 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 attact promit with an auditors.