May 04, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000037412

1. Corporation Name

A & W SHIPPING CORPORATION

Principal Place of Business . Mailing Address						1	1 18811991 118 18111 18811 98111 98111 98111 98111	. 11111 18811 8	.1861 11816 1181 1861
6742 FOREST I SUITE #M5 WEST PALM BI		11891 BRIER PATCH COURT WELLINGTON FL 33414				DO NOT WRITE IN THIS	SPACE		
US						3.	Date Incorporated or Qualifed 04/28/1997		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For		
21		26				Ì	65-0748496	[_	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		5 Additional	
22 27									Required
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May 8e Added to Fees				
Zip	Country 25	Zip 29				8, This corporation owes the current year Intangible Personal Property Tax. □ Yes ☑ No			
24 .	9. Name and Address of Current		[30]			10	Name and Address of New Registered		
	5. Italia alia Addices di Garione	regiotorou rigorie		81	Name				
REESE, ALICE J				20	Di 1 4 4 4 5	Description (COR) No heart No			
11891 BRIER PATCH COURT				82	Street Address (P.O. Box Number is Not Acceptable)				1
WEL	LINGTON FL 33414			83					
				84	City			85 Z	ip Code
					<u> </u>		FL		. 14
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was	authorized	l by	the corporation	oration on's bo	n submits this statement for the purpose of pard of directors. I hereby accept the appoi	ntment as	registered
-	III fallimal with and accept the congain	5/15 61, 5560,1611 601 16665, 1	ronda otati						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agen	nt signature required	d when n	einstating) DATE		
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PTD DELETE			1.1 TITLE				☐ Chan	ge 🔲 Addition
NAME .	REESE, WESLEY D		1.2 N/	WE					1
STREET ADDRESS	11891 BRIER PATCH COURT		1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 Cr	1.4 C/TY-ST-ZIP					
TITLE	SVD DELETE		2.1 π	2.1 TITLE				Chang	ge 🗍 Addition
NAME	REESE, ALICE J		2.2 N/	2.2 NAME					
STREET ADDRESS	11891 BRIER PATCH COURT		2.3 STREET ADDRESS		ADDRESS				ĺ
CITY-ST-ZIP .	WELLINGTON FL 33414		2.4 C	4 CITY-ST-ZIP			<u></u>	<u>-</u>	يات.
TITLE	☐ DELETE		3.1 T	3.1 TITLE				Chan	ige 🗌 Addition
NAME			3.2 NA	ME	ľ				
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP			3.4. C	TY-S	IT-ZIP				
TITLE		☐ DELETE	4.1 TI	LΕ				Chan	nge 🔲 Addition
NAME			4.2 N	AME					
STREET ADDRESS			4.3 \$1	REET	FADDRESS				ļ
CITY-ST-ZIP	` <u> </u>		4,4 CI	TY-S1	r-zip				
TITLE		☐ DELETE	5.1 TF					Chan	ige Addition
NAME			5.2 N						
STREET ADDRESS	,		5.3 \$7	REET	TADDRESS]
CITY-ST-ZIP			5.4 CI	ry-\$1	r-zip			<u> </u>	
TITLE .		☐ DELETE	6.1 TI	LΕ	1			☐ Chan	ge
NAME			6.2 NA	МE	1				Ì

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP