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

PROFIT CORPORATION⁴ ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE ^

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000091283

1. Corporation Name

ST. LOUIS BAY SHIP BROKERS, INC.

Principal	Place	of	Business
-----------	-------	----	----------

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90094 041 ***158.75



Principal Place	e of Business	Mailing Address						
3333 W.KENNE	DY BLVD., STE, 207	3333 W.KENNEDY BLVD., STE	. 207		1			
TAMPA FL 3360		TAMPA FL 33609						
					DO NOT WRIT	E IN THIS SP	ACE	<u></u>
					3. Date Incorporated or Qualifed			[
					10/22/1997			
2. Principal Place of Business 2a. Mailing Address				4. FEI Number			lied For	
21 26				APPLIED FOR			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	[E] \$	\$8.75 _. ∧	
22		27					Fee Rec	guired
City & State City & State				6. Election Campaign Financing		\$5.00	, ,	
23 28				Trust Fund Contribution		Added to	Fees	
Zíp	Country Zip Countr			,	8. This corporation owes the curre			_
24	25	29 30	<u> </u>		Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Age	ent	
ADIE	OFIFEID ALLENIA		81	Name				ŀ
	GELFELD, ALLEN V		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	E. KENNEDY BLVD., STE. 1700		L					
TAM	PA FL 33602		83		<u> </u>			}
			84	City		FL	35 Zip C	ode
44 5	to the provisions of Sections 607.0502	- 4 COT 4FOR FILLIAN STANDS	4bb		restion as built this statement for the		soina ita	ragistarad
office or re	egistered agent, or both, in the State o	f Florida. Such change was auth	orized by	the corporatio	n's board of directors. I hereby accep	t the appointme	ent as reg	istered
agent. f ai	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	i.				}
SIGNATURE						DATE		}
	Signature, typed or printed name of registered agent OFFICERS AND		13.	nt signature required	ADDITIONS/CHANGES TO OFF		NECTO	26 IN 12
12.		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF		Change	Addition
TITLE	D DINDEACK DODEDT N		ı	Ì		<u>.</u>	Johango	
NAME	PUNDSACK, ROBERT N	007	1.2 NAME					}
STREET ADDRESS	3333 W.KENNEDY BLVD., STE.	201		TADDRESS]
CITY-ST-ZIP	TAMPA FL 33609	☐ DELETE	1.4 CITY-S	T-ZIP) Change	☐ Addition
TITLE	D	□ DELETE	2.1 TITLE	Ì		<u>. </u>) Change	[_] HOURION]
NAME)	CLEMENT, JOHN		2.2 NAME	}				}
STREET ADDRESS	3333 W.KENNEDY BLVD., STE.	207	2.3 STREE	TADDRESS				
CITY-ST-ZIP	TAMPA FL 33609	·	2.4 CITY-5	ST-ZIP		<u></u>		
TITLE	D	☐ DELETE	3.1 TITLE] Change	Addition
NAME	MCVILLE, CLAIR	MCVILLE, CLAIR 32N			-			1
STREET ADDRESS	3333 W.KENNEDY BLVD., STE.	207	3.3 STREE	T ADDRESS		•• -		. 1
CITY-ST-ZIP	TAMPA FL 33609		3.4. CITY-5	ST-ZIP.				
TITLE		☐ DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·] Change	☐ Addition
NAME			4. 2 NAME					}
STREET ADDRESS			4.3 STREE	T ADDRESS	·			}
CITY-ST-ZIP			4.4 CITY - S	T-ZIP				
TITLE		, DELETE	5.1 TITLE] Change	☐ Addition
NAME			5.2 NAME	Į				}
STREET ADDRESS			5.3 STREE	TADDRESS	•			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				{
VIII - UI - 4IF	1							
		☐ DELETE	6.1 TITLE] Change	☐ Addition (
TITLE NAME		☐ DELETE	6.1 TITLE 6.2 NAME] Change	☐ Addition

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

199 (228)452-0677