

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90017 029 ***150.00

DOCUMENT # P98000089847

1. Corporation Name
SHIP TO SHORE INC

Principal Place of Business
**11831 NW 31ST PLACE
SUNRISE FL 33323**

Mailing Address
**11831 NW 31ST PLACE
SUNRISE FL 33323**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/21/1998

4. FEI Number
65-0870344

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 **222 Lakeview Avenue**

2a. Mailing Address
26 **222 Lakeview Ave**

Suite, Apt. #, etc.
22 **160-267**

Suite, Apt. #, etc.
27 **160-267**

City & State
23 **West Palm Beach**

City & State
28 **West Palm Beach**

Zip
24 **33401**

Country
29 **33401**

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**MORRISON, MICHAEL T
11831 NW 31ST PLACE
SUNRISE FL 33323**

81 Name
Michael T Morrison
82 Street Address (P.O. Box Number is Not Acceptable)
222 Lakeview Avenue
83 **#160-267**
84 City
West Palm Beach FL 85 Zip Code
33401

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 **Michael T. Morrison** **MICHAEL T. MORRISON** **01-13-99**
Signature, typed or printed name of 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 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Michael T Morrison | 1.2 NAME | |
| STREET ADDRESS | 222 Lakeview Ave. #160-267 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | West Palm Beach FL 33401 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Treasurer | 2.2 NAME | |
| STREET ADDRESS | Lizabeth A Duca | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | 222 Lakeview Avenue #160-267 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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.

SIGNATURE: **Michael T. Morrison** **MICHAEL T. MORRISON** **01-13-99** **(561) 818-3080**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)