

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S60034** (3)

1. Corporation Name

SN SHIP MANAGEMENT, INC.



Principal Place of Business

**2170 SE 17TH STREET
204
FT. LAUDERDALE FL 33316
US**

Mailing Address

**2170 SE 17TH STREET
204
FT. LAUDERDALE FL 33316
US**

3. Date Incorporated or Qualified
06/17/1991

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
303

21 Suite, Apt. #, etc.
303

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0273080

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEIMARK, CORT A.
210 UNIVERSITY DR.
SUITE 800
CORAL SPRINGS FL 33071**

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 of Registered Agent (Typed or Printed Name)

Signature of Registered Agent (Typed or Printed Name)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME
**DV
SARGEANT, HARRY
3111 UNIVERSITY DR. #1000
CORAL SPRINGS FL**

12 TITLE ☐ DELETE

NAME
**DTS
SARGEANT, JANET
3111 UNIVERSITY DR. #1000
CORAL SPRINGS FL**

13 TITLE ☐ DELETE

NAME
**P
NOCHELLA, JOSEPH G
3111 UNIVERSITY DR #1030
CORAL SPRINGS FL**

14 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addit on

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**2170 S.E. 17TH STREET #303
FORT LAUDERDALE, FL 33316**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Joseph G. Nocchiella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (954) 766-7880
Date Filing Period

CR2E034 (12/95)