PROFIT



1999

DOCUMENT # S60034

1. Corporation Name	Q0000-	
S.N. SHIP AGENCY	SERVICES, INC.	
Principal Place of Business		Mailing Address
2170 SE 17TH STREET		2170 SE 17TH STREET
303 FT. LAUDERDALE FL 33316		903 FT. LAUDERDALE FL 33316
US		US

FILED Apr 02, 1999 8:00 am Secretary of State 04-02-1999 90091 043 ***150.00

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Principal Plac	e of Business	Mailing Address			1.00	1 INDERNATOR OF BUSINESS OF THE P	OIE! E!O!! E!	.) .	
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FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316			6			DO NOT WRITE IN THIS SPACE			
ńs na						3. Date Incorporated or Qualifed			
						506/17/1991			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			pplied For
21		26				65-0273080			lot Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		7	Additional Required
22		27				2 51 111 2 1 5 1 1 1			
City & Stat	te	City & State				6. Election Campaign Financing Trust Fund Contribution		,	May Be to Fees
23	Country	Zip		ountry			d consider		101883
Zip	Country	⊢	30	ouriu y		This corporation owes the current Personal Property Tax.	it year iniz	inglole 1☑ Yes	□No
24	9. Name and Address of Current	29 Registered Agent	30			10. Name and Address of New Re	aistered /	<i>-</i> ->	
	9. Name and Address of Current	Kedistelen Wallt		81	Name	10. 1141110 4114 1144 1155 07 11411 115	9 .0.0.		
· NEIL	MARK, CORT A.								
	UNIVERSITY DR.			82	Street Add	dress (P.O. Box Number is Not Acceptable	e)		
	E 800			83					
	IAL SPRINGS FL 33071								
001	CAE OF THIRDS I E GOOT I			84	City		FL	85 Zip	Code
		and CO7 4E09 Florida Statut	41			rporation submits this statement for the pu	irnose of	hanging it	s registered
				· abou	named cal		ii pood oi .		egistered
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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:

(954) 766-7880