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

**FILED** May 12 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandre B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0) SEAPAC MARINE, INC. Mailing Address Principal Place of Business 7630 NW 63RD ST. 7630 NW 63RD ST. MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1992 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 65-0329456 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes Yes 24 25 In Name and Adress of New Revisiered Agent 9, Name and Address of Current Registered Agent 81 Name -JONES, GARY R. 1401 BRICKELL AVE., STE. 800 Street Address (F.O. Box Number is Not Acceptable)
5136 NW 62 STREET MIAMI FL 33131 83 32653 CAINSVILLE 7 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of, Section 607.0505, Florida Statutes. Pursuant to t SIGNATUR e of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 DELETE 1.1 TITLE Change Addition **NELDER, PATRICIA** 1.2 NAME 7630 NW 63RD ST. STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Change Addition MILE 21 TITLE NELDER, KEITH MALA 2.2 NAME 7630 NW 63RD ST. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE ☐ Change OLSON, BEN NAME 3.2 NAME 7630 NW 63RD ST. STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 41 TITLE ☐ Change Addition **BUTLER, PAUL** 4. 2 NAME 7630 NW 63RD ST. STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TIYLE 5.1 TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6 1 TITLE Change Addition MALE 62 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with the indicated on this annual report or supplemental action officer or director of the cooperation of the recover of Block 12 or Block 13 if changing or on an altachment.

STREET ADDRESS

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address.

4-30.98 305.594.0297