

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 # V51393

(9)

1. Corporation Name

SISTER SHIPPERS, INC.

Principal Place of Business

1120 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH FL 33411-1607
US

Mailing Address

1120 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH FL 33411-1607
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

POSNER, MICHAEL J.
1555 PALM BEACH LAKES BLVD.
SUITE 1000
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

07/16/1992

3a. Date of Last Report

04/13/1995

4. FEI Number

65-0343319

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

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

NAME PS
BAYER, DOLORES
STREET ADDRESS 1120 ROYAL PALM BEACH BLVD
CITY-ST-ZIP ROYAL BEACH FL

☐ DELETE

12. TITLE

NAME ~~WPT~~
~~BADFORD, CATHERINE M.~~
STREET ADDRESS ~~1420 ROYAL PALM BEACH BLVD~~
CITY-ST-ZIP ~~ROYAL PALM BEACH FL~~

☐ DELETE

12. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

12. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

12. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

12. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dolores Bayer - Dolores Bayer

Date

Daytime Phone #

2-12-96

407

748-6245

CR2E034 (12/95)