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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

(8)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 SEP - 9 AM 10- 22

1. Corporation Name QUALITY SHIPPING SUPPLY INC.					20 3E1 113 Mit 10: 23		
		••					
Principal Place of Business Mailing Address 202 SOUTH 22ND STREET P.O. BOX 75955 SUITE 206 TAMPA FL 33675 TAMPA FL 33605							
						3. Date Incorporated or Qualified 10/12/1992	3a. Date of Last Report 07/18/1995
2. Principal Pla	ace of Business	2a. Mailing A	Address			4. FE: Numb 3145276	Applied For
Suite. Apt. #	, etc.	Suite, Ar	ot. #, etc	······································		5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
City & State		City & St	ate			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζ ₁ ρ	Country 25	<i>Ζ</i> ιρ		Country 30	·	8. This corporation has liability for	
	9. Name and Address of Curr	ent Registered Age	ent			10. Name and Address of New F	Registered Agent
10841	OVED			81	Name		
IQBAL, SYED				82	Street Add	ress (P.O. Box Number is Not Acceptate	niel
4119 TARTAN PL				Jan Street Act		Cress (1.5. Ces (William 15.1367) Recognition)	
IAMPA	NFL 33624			83			
				84	City		FL 85 Zp Code
or registere	o the provisions of Sections 607.05 ed agent, or both, in the State of Fic h, and accept the obligations of, Se	orida. Such change v	vas authorizei	s, the above of by the corp	named corpor poration's boa	ration submits this statement for the purified of directors. Thereby accept the app	rpase of changing its registered office ointment as registered agent. I am
SIGNATURE							
	Signature, typed or producting is of registere traje		(N/14)		of Signature require	st weenerstak gr	DATE
12. ,	P OFFICERS A	NO DIRECTORS	DEL ETC	13.		ADDITIONS/CHANGES TO OFF	·
	IQBAL, SYED R		DECETE	1 V HILE 12 NAME			Change Addition
NAME Azorez un posson	18006 PALM RREEZE					000001950100 -09/18/9601029003	
STREET ADDRESS	TAMPA FL 33697				ACORESS		
CITY - ST - ZIP TITLE			DEL ÈTE	2 1 TITLE	\$! - ZIF*	****22	'5.00 ****225.00
NAME	Допи		CITCIE	2.2 NAME			Criange Addition
STREET ADDRESS				2.3 STREET	ADDRESS		
CITY - ST - ZIP				24 CITY - 9	!		
TITLE			DELETE	3 1 TI*LE	3 . 7		Change Addition
NAME		_		3.2 NAME			<u> </u>
STREET ADDRESS					1 ADDRESS		
CITY - ST - ZIP				3.4 CiTY - S	ST-Z/P		
TITLE			DELETE	4 1 1HFLE			Change Addition
NAME				4.2 NAME			
STREET ADDRESS				43 STAFE	ADDRESS		
CITY - ST - ZIP				4.4 C:1Y - S	ST - 2-P		
TITLE			DELETE	5 1 7 !LE			Change Add-tion
NAME				5.2 NAME			
STREET ADDRESS			-,	5 3 STREET	ADDRESS		
CITY-ST-ZIP				5 4 CITY - 5	ST-ZP		
TITLE			DELETE	6 1 THE			Change 🔲 Add hon
NAME				6.2 NAME			
STREET ADBRESS				63 STREET	ADDRESS		$\alpha \omega \omega \sim 1$
CITY-ST-ZIP				6 4 C:1 y - 9	5T - ZiP		- IVY KWI 1

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3/k). Florida Statutes. Ffurther certify that the information indicated on this Arthor report is supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under oats; that I am an officer or director of the configuration or the receiver of 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 in the minimum and fires.

2/1/3/10. 13.14. 13.14. 13.14. 13.14. 14.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR