

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 # **P30211 (7)**
1. Corporation Name
NETWORK SHIPPING LTD., INC.



Principal Place of Business: **800 DOUGLAS ENTRANCE CORAL GABLES FL 33134**
Mailing Address: **800 DOUGLAS ENTRANCE CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **07/19/1990** 3a. Date of Last Report: **03/10/1995**
4. FEI Number: **65-0204942** 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

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent: **HOLSING, ROGER 800 DOUGLAS ENTRANCE CORAL GABLES FL 33134**
10. Name and Address of New Registered Agent: **81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** **84** City **85** Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when name change)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLSING, ROGER	1.2 NAME	Nielsen, Peter
STREET ADDRESS	800 DOUGLAS ENTRANCE	1.3 STREET ADDRESS	Garden City Terminal Berth 53
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Garden City, GA 31408
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHIPPLE, LAIRD D	2.2 NAME	Thompson, Peter M.
STREET ADDRESS	18-24 SALISBURY RD, TSIMSHATSUI	2.3 STREET ADDRESS	800 Douglas Entrance
CITY-ST-ZIP	HOWLOON HO	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRATCHER, GARY D	3.2 NAME	
STREET ADDRESS	800 DOUGLAS ENTRANCE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, DAVID B JR.	4.2 NAME	
STREET ADDRESS	800 DOUGLAS ENTRANCE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERB, STEPHEN	5.2 NAME	Erb, Stephen
STREET ADDRESS	800 DOUGLAS ENTRANCE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, BRUCE A	6.2 NAME	Jordan, Bruce A.
STREET ADDRESS	800 DOUGLAS ENTRANCE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	6.4 CITY-ST-ZIP	

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: Bruce A. Jordan 2/16/96 (305) 520-8052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)