

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 99 JUN -9 PM 12:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # REINSTATEMENT
 1. Corporation Name P9600000563
 INTERNATIONAL CONTAINER SYSTEMS, INC.

Principal Place of Business 5401 West Kennedy Blvd. Suite 760 Tampa, FL 33609	Mailing Address 201 East Pine Street Suite 701 Orlando, FL 32801
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700002902097
 -06/11/99--01062
REINSTATEMENT
 3. Date incorporated or Qualified
 December 28, 1995

21 Principal Place of Business Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26 Mailing Address 2000 S. Beltline Boulevard Suite, Apt. #, etc.	27 City & State	28 Zip	29 Country	30
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4. FEI Number 59-3360203	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 J. Gregory Humphries
 201 E. Pine Street
 Suite 701
 Orlando, FL 32801

10. Name and Address of New Registered Agent
 01 Name J. Gregory Humphries
 02 Street Address (P.O. Box Number is Not Acceptable) 20 N. Orange Avenue
 03 Suite 100700002902097--4
 04 City Orlando

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 J. Gregory Humphries DATE 6/8/99
Signature typed or in block of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	11 TITLE D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Lloyd W. Jones		12 NAME Ken Rogers	
STREET ADDRESS 5401 W. Kennedy Blvd, Ste. 760		13 STREET ADDRESS 5401 W. Kennedy Blvd., Ste. 760	
CITY-ST-ZIP Tampa, FL 33609		14 CITY-ST-ZIP Tampa, FL 33609	
TITLE D	<input checked="" type="checkbox"/> DELETE	21 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Andrew M. Archibald		22 NAME Anthony Bruno	
STREET ADDRESS 5401 W. Kennedy Blvd., Suite 760		23 STREET ADDRESS 5401 W. Kennedy Blvd., Suite 760	
CITY-ST-ZIP Tampa, FL 33609		24 CITY-ST-ZIP Tampa, FL 33609	
TITLE D	<input checked="" type="checkbox"/> DELETE	31 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Melbourne F. Yull		32 NAME David W. Morris	
STREET ADDRESS 5401 W. Kennedy Blvd., Ste. 760		33 STREET ADDRESS 5401 W. Kennedy Blvd., Ste. 760	
CITY-ST-ZIP Tampa, FL 33609		34 CITY-ST-ZIP Tampa, FL 33609	
TITLE	<input type="checkbox"/> DELETE	41 TITLE D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME Lloyd W. Jones	
STREET ADDRESS		43 STREET ADDRESS 5401 W. Kennedy Blvd., Suite 760	
CITY-ST-ZIP		44 CITY-ST-ZIP Tampa, FL 33609	
TITLE	<input type="checkbox"/> DELETE	51 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME F. Stephanie Worth	
STREET ADDRESS		53 STREET ADDRESS 2000 S. Beltline Boulevard	
CITY-ST-ZIP		54 CITY-ST-ZIP Columbia, SC 29201	
TITLE	<input type="checkbox"/> DELETE	61 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME Burgess H. Hildreth	
STREET ADDRESS		63 STREET ADDRESS 3647 Cortez Road West, Suite 102	
CITY-ST-ZIP		64 CITY-ST-ZIP Bradenton, FL 34210-3106	

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 on an attachment with an address.

SIGNATURE: F. Stephanie Worth DATE 6/8/99 Assistant Secretary (800) 628-8856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)