

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$0.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$36.25.

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # 761834

(1)

1. Corporation Name

NORWEGIAN SHIPPING CLUB, INC.

Principal Place of Business

C/O STUART H. ALTMAN ESO
 1180 S. AMERICA WAY, P.O. BOX 1
 MIAMI FL 33132
 US

Mailing Address

C/O STUART H. ALTMAN ESO
 1180 S. AMERICA WAY, P. O. BOX 1
 MIAMI FL 33132
 US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc
 27 City & State
 23 Zip Country
 24

26 Suite, Apt #, etc
 27 City & State
 28 Zip Country
 29

5. Name and Address of Current Registered Agent

ALTMAN, STUART H
100 SE 2ND ST
17TH FLOOR
MIAMI FL 33131

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and for applicable title

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12
 TITLE P [] DELETE
 NAME **NORDH, NILS**
 STREET ADDRESS **C/O ROY, CARIB. CRU. LTD., 1050 CARIB. WAY**
 CITY-STATE-ZIP **MIAMI FL**
 TITLE S [] DELETE
 NAME **BORGESMD, ANN M**
 STREET ADDRESS **C/O UNITOR 1001-C NW 15TH DR**
 CITY-STATE-ZIP **MIAMI FL**
 TITLE D [] DELETE
 NAME **BOLSTAD, SVERRE**
 STREET ADDRESS **199 OCEAN LANE DR, #601**
 CITY-STATE-ZIP **KEY BISCAYNE FL**
 TITLE T [X] DELETE
 NAME **BERGER, NIELS**
 STREET ADDRESS **1221 BRICKELL AVE, STE 940**
 CITY-STATE-ZIP **MIAMI FL**
 TITLE D [] DELETE
 NAME **UNDERTHAN, ATLE**
 STREET ADDRESS **125 NE 9TH ST**
 CITY-STATE-ZIP **MIAMI FL**
 TITLE D [] DELETE
 NAME **YINN, SOLEN**
 STREET ADDRESS **1001 N AMERICA WAY, STE 202**
 CITY-STATE-ZIP **MIAMI FL**

13
 11 TITLE [] Change [] Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY-STATE-ZIP
 21 TITLE [] Change [] Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY-STATE-ZIP
 31 TITLE [] Change [] Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-STATE-ZIP
 41 TITLE **TREASURER** [] Change [X] Addition
 42 NAME **INGVAR NERGAARD**
 43 STREET ADDRESS **2010 N. MIAMI AVE**
 44 CITY-STATE-ZIP **MIAMI FL 33127**
 51 TITLE [] Change [] Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-STATE-ZIP
 61 TITLE [] Change [] Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY-STATE-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ingvar Nergaard* **INGVAR NERGAARD** **9-24-98** **305-573-2117**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREAS** Date Daytime Phone #

CR2E037 (5/98)