

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

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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001852 (2)

1. Corporation Name
INCHCAPE SHIPPING SERVICES, INC.



Principal Place of Business SUITE 1200 118 NORTH ROYAL STREET MOBILE AL 36602	Mailing Address SUITE 1200 118 NORTH ROYAL STREET MOBILE AL 36602-3697
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3. Date Incorporated or Qualified 04/11/1994	3a. Date of Last Report 04/16/1996
4. FEI Number 63-0923085	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	THURBER, H W III	1.2 NAME	
STREET ADDRESS	118 NORTH ROYAL STREET, SUITE 1200	1.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL 36602	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	MORSE, SIMON	2.2 NAME	
STREET ADDRESS	118 NORTH ROYAL STREET, SUITE 1200	2.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL 36602	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	
NAME	IAN WHELAN	3.2 NAME	
STREET ADDRESS	118 NORTH ROYAL STREET, SUITE 1200	3.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	
NAME	JUNEAU, DONALD	4.2 NAME	
STREET ADDRESS	118 NORTH ROYAL STREET, SUITE 1200	4.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL 36602	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	
NAME	GABBETT, RONALD	5.2 NAME	
STREET ADDRESS	118 NORTH ROYAL STREET, SUITE 1200	5.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL 36602	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	
NAME	ALLEN, RACHEL	6.2 NAME	
STREET ADDRESS	118 NORTH ROYAL STREET, SUITE 1200	6.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL 36602	6.4 CITY - ST - ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: *Rachel Allen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)