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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400001852 (2)

INCHCAPE SHIPPING SERVICES, INC.

FILED Feb 16 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address	linu Address			- T TORKIEBR HIND IDDIT GEREF RREITE OBTEK BRIEF BRIEF BRIEF BEIDE BIRIÐ SIRÐE FREIÐI BIRIÐ SIÐI 1845				
SUITE 1200 SUITE 1200					ļ					
118 NORTH R	OYAL STREET		118 NORTH ROYAL STREET							
MOBILE AL 36802		MOBILE AL 36802				DO NOT WRITE IN THIS SPACE				
j						3. Date Incorporated or Qualified	F '			
						04/11/1994				
2. Principal Pla	ace of Business	2a. Mailing Address	1			4. FEI Number			Applied For	
21		26				63-0923085			Not Applicable	
Suite, Apt. #	V, etc	Suite, Apt. #, etc.					\$8.7	5 Additional		
22		27			5. Certificate of Status Desired			Required		
City & State	•	City & State				6. Election Campaign Financing		\$5.0	00 Мау Ве	
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zιρ	Countr	У		8. This corporation owes or has paid	the curre	nt year	Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No			□ No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Reg	stered A	gent		
C T CORPORATION SYSTEM				1	Name					
1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324			"	1	Olicot Addres	et Address (P.O. Box Number is Not Acceptable)				
<u> </u>			83	1						
[4.		···		IT =		
			64	1	City		FI	85 Z	ip Code	
11. Pursuant to	o the provisions of Sections 607.050.	2 and 607.1508, Florida Statu	ites, the above	.L.	named corpor	ration submits this statement for the pu	roose of c	hangin	o its registered	
office or re	egistored agent, or both, in the State	of Florida, Such change was	authorized b	y t	the corporation	ration submits this statement for the pun's board of directors. I hereby accept	the appo	ntment	as registered	
1	a laminar with the first the congr	mons or, section 607,0303, t	ionoa siaiule	15.						
SIGNATURE	Signature, typed or pointed number of legistrical ngo	nt and the it applicable (NC	TE Frankstered Ar	ient	t signature required	when reinstaling)	DATE		 	
12.	OFFICERS AND		13.	,	60	ADDITIONS/CHANGES TO OFFICE		DIRECT	ORS IN 12	
TITLE		DELETE	11 TITLE			ECUE HAVERSTOCK		Z Chang		
NAME	THURBER; 11 W III	, ,	1.2 NAME			·	_	_ '		
STREET ADDRESS	118 NORTH ROYAL STREET,	SUITE 1200	7 1.3 STREE		nnerss 118	" North Royal St	Reet.	. S	Wibe 1200	
CITY-ST-ZIP	AAAAAAAA .		1.4 CiTY-			Obile Alabama		602		
TITLE	D	CPLACED BULL	21 TITLE		THE STATE OF THE S	TO THE PROPERTY		Chanc		
NAME	MORSE, SIMON	C	2.2 NAME		1			O	, , , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS	440 MODIU DOVAL CIDECT CHITE 4000			2.3 STREET ADDRESS						
CITY-ST-ZIP	MOBILE AL 36602									
TITLE	VP	DELETE	2. 4 CITY	- 51	- LIF		т	Chanc	e Addition	
NAME	IAN WHELAN	_ otten	3.2 NAME		1		-	_ ~ ~ ~ ~	pv Lag Modifioli	
STREET ADDRESS	118 NORTH ROYAL STREET,	SUITE 1200								
1 1	MOBILE AL		3 3 STAEE						·	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY	51	-ZIP		_F	Z) Chanc	a Addition	
l i	JUNEAU, DONALD	WI DELEGE .	4.1 TITLE		-		ι	en ouselê	e L.J Addition	
NAME	118 NORTH ROYAL STREET,	SHITE 1900	4. 2 NAME			-			6.	
STREET ADDRESS	MOBILE AL 36602	SOME IEW	4.3 STREE			.J.			_ "	
CITY-ST-ZIP	WUDILE AL 300UZ	- 10 ne -	4.4 CITY -	ST-	ZIP		<u> </u>	7 / (
TITLE	•	DELETES!	5.1 TITLE		P	Ç.	'	Chang	e Addition	
NAME	GARBETT=RONALD	DUITE 4000	5.2 NAME			Carried State of the Control of the			•	
STREET ADORESS	118 NORTH ROYAL STREET,	SUITE 1200	5.3 STREE	T A	.DDRESS	•		ju i		
CITY-ST-ZIP	MOBILE AL 36602	<u> </u>	5.4 CITY -	ST-	- ZIP			4 , s	*	
TITLE	\$	DELETE.	6.1 TITLE			<u> </u>	Ţ	Chang	pe 🔲 Addition	
NAME	ALLEN, RACHEL		62 NAME]	
STREET ADDRESS	118 NORTH ROYAL STREET,	SUITE 1200	63 STREE	T A	.doress					
CITY-ST-ZIP	MOBILE AL 36602		64 CITY-	ST-	· ZIP				į	
14. I hereby ce	ortify that the information supplied wi	th this filing does not qualify				ection 119.07(3)(i), Florida Statutes. I fu	rther cert	ify that	the Information	

14. I hereby certify that the information supplied with this filing does not quality 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 early; that I am an officer or director of the corporation or the receiver or frustee 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

Kull allen

RACHEL ALLEW 3/9/67 334-405-6367

RZE034 (10/97)