

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002308
Corporation Name
SOUTHERN SHIP MANAGEMENT, INC.

Principal Place of Business
**7077 W. BROWARD BLVD.
PLANTATION FL 33317
US**

Mailing Address
**7077 W. BROWARD BLVD.
PLANTATION FL 33317
US**

Amended Annual 1999 Report

FILED

99 JUN 21 PM 2:06

FLORIDA DEPARTMENT OF STATE

DO NOT WRITE IN THIS SPACE

1. Date Incorporated or Qualified 05/04/1994	
4. FEI Number 65-0482627	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
<input checked="" type="checkbox"/> This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	22. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
23. City & State	23. City & State
24. Zip	24. Zip
25. Country	25. Country

Name and Address of Current Registered Agent	
McAlpin & Brais 80 SW 8th Street S/2805 Miami, FL 33130	

19. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. FL	85. Zip Code

Pursuant to the provisions of Sections 607.052 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 is 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 607.050, Florida Statutes.

SIGNATURE

[Signature]

Signature typed or printed name of registered agent and title if applicable

(Not required if agent is a corporation or partnership)

DATE

OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, KENNETH M	
STREET ADDRESS	7 NW 108TH TERRACE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	BALLINGER, LESUE	
STREET ADDRESS	971 SW 11TH WAY	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BALLINGER, LESUE	
STREET ADDRESS	971 SW 11TH WAY	
CITY-ST-ZIP	DAVIE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	Leslie Ballinger	
STREET ADDRESS	1166 SW 149th Lane	
CITY-ST-ZIP	Sunrise, FL. 33326	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	000002915190--9
1.4 CITY-ST-ZIP	-06/25/99--01006--026
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP/S
2.3 STREET ADDRESS	Leslie Ballinger
2.4 CITY-ST-ZIP	1166 SW 149th Lane
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sunrise, Florida 33326
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	President
5.3 STREET ADDRESS	Abhay M. Damley
5.4 CITY-ST-ZIP	2715 Tigertail Ave #401
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	Even Johansen
6.4 CITY-ST-ZIP	66 Gate House Road
	Stamford, CT 06902

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, or on an attachment with an address, with all other like empowered.

[Signature]