

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

**FILED**

**May 01 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000002713 (4)**

1. Corporation Name  
**ELLIOTT SHIPPING CO., INC.**



Principal Place of Business <b>20 MAIN ST. GLOUCESTER MA 01930</b>	Mailing Address <b>20 MAIN ST. GLOUCESTER MA 01930</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>6 Rowe Square</b>	26 <b>6 Rowe Square</b>			<b>06/06/1995</b>	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
				<b>04-2660555</b>	
22 City & State	27 City & State	5. Certificate of Status Desired		Applied For	
<b>Gloucester MA</b>	<b>Gloucester MA</b>	<input type="checkbox"/>		Not Applicable	
23 Zip	24 Country	6. Election Campaign Financing Trust Fund Contribution		\$8.75 Additional Fee Required	
<b>01930</b>	<b>Essex</b>	<input type="checkbox"/>		\$5.00 May Be Added to Fees	
25	28	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	
<b>01930</b>	<b>Essex</b>				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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	<b>CDP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>ELLIOTT, FRANCIS J</b>		1.2 NAME	<b>ELLIOTT FRANCIS J. JR</b>			
STREET ADDRESS	<b>20 MAIN ST.</b>		1.3 STREET ADDRESS	<b>6 ROWE SQ.</b>			
CITY-ST-ZIP	<b>GLOUCESTER MA 01930</b>		1.4 CITY-ST-ZIP	<b>GLOUCESTER MA 01930</b>			
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>WIZBOSKI, CHESTER J</b>		2.2 NAME				
STREET ADDRESS	<b>20 MAIN ST.</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>GLOUCESTER MA 01930</b>		2.4 CITY-ST-ZIP				
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>ELLIOTT, FRANCIS J JR.</b>		3.2 NAME				
STREET ADDRESS	<b>20 MAIN ST. 6 ROWE SQUARE</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>GLOUCESTER MA 01930</b>		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:  4/22/98 978-281-1700

CR2E034 (10/97)