

F 96000003841

Requestor's Name

**Southern Ship Management, Inc.**

7077 West Broward Boulevard  
Fort Lauderdale, Florida 33317

600002934616--4  
-07/19/99-01072--005  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Marine Consultants Corp of Delaware

2. The mailing address of the corporation is: 7077 W. Broward Blvd., Suite 179  
Plantation, Florida 33317

3. Date of incorporation/qualification: 7/29/96 Document number: F96000003841

4. The name and address of the current registered agent and office:

Steven Ballinger

412 S.E. 18th Street, # 10

Ft. Lauderdale, Florida 33316

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

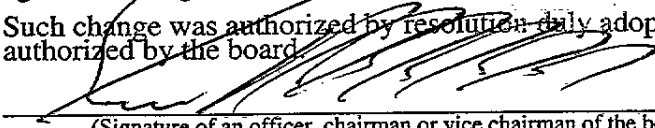
Richard J. McAlpin

80 S.W. 8th Street, Suite 2805

Miami, Florida 33130

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

  
(Signature of an officer, chairman or vice chairman of the board)

5/20/99  
(Date)

\_\_\_\_\_  
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

  
(Signature of Registered Agent)

4/30/99  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**\*\*\* FILING FEE: \$35.00 \*\*\***