

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 28 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT, 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002454 (3)
 1. Corporation Name
CONSHIP CONTAINERLINES INC.



Principal Place of Business 208 GOLDEN OAK COURT - STE. 200 VIRGINIA BEACH VA 23452	Mailing Address 208 GOLDEN OAK COURT - STE. 200 VIRGINIA BEACH VA 23452
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 05/08/1997	
4. FEI Number 13-2852634	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TIPTON, DOUGLAS	
STREET ADDRESS	108 GOLDEN OAKS COURT	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, G C	
STREET ADDRESS	NEPTUNE QUAY, IPSWICH, SUFFOLK	
CITY-ST-ZIP	IP4 1AX, UK	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILSON, JEANNE	
STREET ADDRESS	208 GOLDEN OAKS COURT	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GALEF, STEVEN A	
STREET ADDRESS	711 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 ***150.00

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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 _____ DATE **7/17/98** **757-486-1808**

CR2E034 (5/98)



contship containerlines inc.

PLD

July 16, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Enclosed with this letter is our Annual Report for 1998. As per my discussion with your office today, we have enclosed a check in the amount of \$150 to cover the filing fee. We had not received the first notice regarding filing the annual report, and therefore, have not remitted the \$400 late fee.

If you should have questions regarding the above, please do not hesitate to call.

Thank you for your cooperation.

Sincerely,

Fay Ann A. Ward
Administrator

CS CORPORATE HEADQUARTERS

Reflections III - Suite 200
208 Golden Oak Court
Virginia Beach, VA 23452
Phone: 757-486-1808
Fax: 757-486-0550

Atlanta:
900 Circle 75 Parkway
Suite 685
Atlanta, GA 30339
Phone: 770-953-0035

Chicago:
1200 Harger Road
Suite 325
Oakbrook, IL 60523
Phone: 630-472-9301

Houston:
1225 North Loop West
Suite 930
Houston, TX 77008
Phone: 713-880-0181

New Jersey:
150 Essex Street
Suite 204
Millburn, NJ 07041
Phone: 973-467-3000

Miami:
7200 Corporate Center Drive
Suite 301
Miami, FL 33126
Phone: 305-994-1440