

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90127 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002454

1. Corporation Name
CONTSHP 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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 05/08/1997	
4. FEI Number 13-2852634	Applied For 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 the current year Intangible Personal Property Tax.	<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	V	<input type="checkbox"/> DELETE
NAME	WILSON, JEANNE	
STREET ADDRESS	208 GOLDEN OAKS COURT	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Vice President Sales	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James V. Davis	
1.3 STREET ADDRESS	208 Golden Oak Ct.	
1.4 CITY-ST-ZIP	Virginia Beach, VA 23452	
2.1 TITLE	Vice President Ops	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John P. Zimmerly	
2.3 STREET ADDRESS	208 Golden Oak Ct.	
2.4 CITY-ST-ZIP	Virginia Beach, VA 23452	
3.1 TITLE	Vice President Fin&Adm	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John B. Hanawalt	
3.3 STREET ADDRESS	208 Golden Oak Ct.	
3.4 CITY-ST-ZIP	Virginia Beach, VA 23452	
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		

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, with all other like empowered.

SIGNATURE: John B. Hanawalt **SIGNATURE REQUIRED** 3/24/99 757-486-1808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)