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May 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
<div style="display: flex; justify-content: space-between;"> <div> <b>DOCUMENT # M95535</b>            1. Corporation Name  <b>ZIP N SHIP INC.</b> </div> <div style="font-size: 2em; font-weight: bold;">(4)</div> </div>		
<b>Principal Place of Business</b> <b>3368 N. CITRUS AVE.</b> <b>CRYSTAL RIVER FL 34428</b>		<b>Mailing Address</b> <b>3368 N. CITRUS AVE.</b> <b>CRYSTAL RIVER FL 34428-6072</b>
<b>2. Principal Place of Business</b> <div style="border: 1px solid black; padding: 2px;">21</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">22</div> City & State <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">24</div> Zip           <div style="border: 1px solid black; padding: 2px;">25</div> Country         </div>	<b>2a. Mailing Address</b> <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">27</div> City & State <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">29</div> Zip           <div style="border: 1px solid black; padding: 2px;">30</div> Country         </div>	
<b>9. Name and Address of Current Registered Agent</b>		
<b>CLARK, GERTIE L.</b> <b>3368 CITRUS AVE.</b> <b>CRYSTAL RIVER FL 32629</b>		<div style="border: 1px solid black; padding: 2px;">81</div> Name <div style="border: 1px solid black; padding: 2px;">82</div> Street Address <div style="border: 1px solid black; padding: 2px;">83</div> <div style="border: 1px solid black; padding: 2px;">84</div> City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>		
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)</small>		
<b>OFFICERS AND DIRECTORS</b>		
<b>12.</b> <div style="border: 1px solid black; padding: 2px;">TITLE</div> <b>PVTS</b> <div style="float: right;"><input type="checkbox"/> DELETE</div> <div style="border: 1px solid black; padding: 2px;">NAME</div> <b>CLARK, GERTIE L.</b> <div style="border: 1px solid black; padding: 2px;">STREET ADDRESS</div> <b>3368 CITRUS AVE.</b> <div style="border: 1px solid black; padding: 2px;">CITY-ST-ZIP</div> <b>CRYSTAL RIVER FL</b>	<b>13.</b> <div style="border: 1px solid black; padding: 2px;">1.1 TITLE</div> <div style="border: 1px solid black; padding: 2px;">1.2 NAME</div> <div style="border: 1px solid black; padding: 2px;">1.3 STREET ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">1.4 CITY-ST-ZIP</div>	
<div style="border: 1px solid black; padding: 2px;">TITLE</div> <div style="float: right;"><input type="checkbox"/> DELETE</div> <div style="border: 1px solid black; padding: 2px;">NAME</div> <div style="border: 1px solid black; padding: 2px;">STREET ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">CITY-ST-ZIP</div>	<div style="border: 1px solid black; padding: 2px;">2.1 TITLE</div> <div style="border: 1px solid black; padding: 2px;">2.2 NAME</div> <div style="border: 1px solid black; padding: 2px;">2.3 STREET ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">2.4 CITY-ST-ZIP</div>	
<div style="border: 1px solid black; padding: 2px;">TITLE</div> <div style="float: right;"><input type="checkbox"/> DELETE</div> <div style="border: 1px solid black; padding: 2px;">NAME</div> <div style="border: 1px solid black; padding: 2px;">STREET ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">CITY-ST-ZIP</div>	<div style="border: 1px solid black; padding: 2px;">3.1 TITLE</div> <div style="border: 1px solid black; padding: 2px;">3.2 NAME</div> <div style="border: 1px solid black; padding: 2px;">3.3 STREET ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">3.4 CITY-ST-ZIP</div>	
<div style="border: 1px solid black; padding: 2px;">TITLE</div> <div style="float: right;"><input type="checkbox"/> DELETE</div> <div style="border: 1px solid black; padding: 2px;">NAME</div> <div style="border: 1px solid black; padding: 2px;">STREET ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">CITY-ST-ZIP</div>	<div style="border: 1px solid black; padding: 2px;">4.1 TITLE</div> <div style="border: 1px solid black; padding: 2px;">4.2 NAME</div> <div style="border: 1px solid black; padding: 2px;">4.3 STREET ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">4.4 CITY-ST-ZIP</div>	
<div style="border: 1px solid black; padding: 2px;">TITLE</div> <div style="float: right;"><input type="checkbox"/> DELETE</div> <div style="border: 1px solid black; padding: 2px;">NAME</div> <div style="border: 1px solid black; padding: 2px;">STREET ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">CITY-ST-ZIP</div>	<div style="border: 1px solid black; padding: 2px;">5.1 TITLE</div> <div style="border: 1px solid black; padding: 2px;">5.2 NAME</div> <div style="border: 1px solid black; padding: 2px;">5.3 STREET ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">5.4 CITY-ST-ZIP</div>	
<div style="border: 1px solid black; padding: 2px;">TITLE</div> <div style="float: right;"><input type="checkbox"/> DELETE</div> <div style="border: 1px solid black; padding: 2px;">NAME</div> <div style="border: 1px solid black; padding: 2px;">STREET ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">CITY-ST-ZIP</div>	<div style="border: 1px solid black; padding: 2px;">6.1 TITLE</div> <div style="border: 1px solid black; padding: 2px;">6.2 NAME</div> <div style="border: 1px solid black; padding: 2px;">6.3 STREET ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">6.4 CITY-ST-ZIP</div>	

3. Date Incorporated or Qualified <b>08/22/1988</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-2926283</b>		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>10. Name and Address of New Registered Agent</b>			
ess (P.O. Box Number is Not Acceptable)			
FL		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** \_\_\_\_\_

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, GERTIE L.	1.2 NAME	
STREET ADDRESS	3368 CITRUS AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL RIVER FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		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 do 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.

CR2E034 (9/96)