

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30582

3-26-96 (1) - 2089 - c

1. Corporation Name
CONTSHIP AGENCIES, INC.



Principal Place of Business

6002 COMMERCE BLVD.
P.O. BOX 3147
SAVANNAH GA 31408
US

Mailing Address

N/A
P.O. BOX 3147
SAVANNAH GA 31402
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0501, Florida Statutes.

SIGNATURE

Signature of the person signing on behalf of the corporation

Signature of the Secretary of State

Date

12. OFFICERS AND DIRECTORS

TITLE	CS	<input type="checkbox"/> OFFICER
NAME	GROVES, R.W. III	
STREET ADDRESS	RT 3 BOX 483	
CITY, ST, ZIP	SAVANNAH GA 31406	
TITLE	VC	<input type="checkbox"/> OFFICER
NAME	MACPHERSON, J.R. JR.	
STREET ADDRESS	18545 BAY FRONT RD	
CITY, ST, ZIP	PT. CLEAR AL 36564	
TITLE	P	<input type="checkbox"/> OFFICER
NAME	RUPERT, DONALD	
STREET ADDRESS	90 BENEDICT AVE.	
CITY, ST, ZIP	STATEN ISLAND NY	
TITLE	TD	<input type="checkbox"/> OFFICER
NAME	ENNIS, E.L.	
STREET ADDRESS	1822 WILMINGTON ISLAND	
CITY, ST, ZIP	SAVANNAH GA 31410	
TITLE		<input type="checkbox"/> OFFICER
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> OFFICER
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is accurate, complete and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 president 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 corrected with an address.

SIGNATURE:

Edwin L. Ennis

3/20/96

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edwin L. Ennis Treasurer

CR2E034 (12/95)