

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000017388 (5)

1. Corporation Name
INTERNATIONAL SHIPPING GROUP INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10775 N.W. 11TH STREET PEMBROKE PINES FL 33026 11225 SUNVIEW WAY COOPER CITY, FL. 33026		Mailing Address 10775 N.W. 11TH STREET PEMBROKE PINES FL 33026 11225 SUNVIEW WAY COOPER CITY, FL. 33026	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For Not Applicable
21	26	65-0784258	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	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
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEWART, MICHAEL P 10775 N.W. 11TH STREET PEMBROKE PINES FL 33026 11225 SUNVIEW WAY COOPER CITY, FL. 33026		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		11225 SUNVIEW WAY	
		83.	
		84. City	
		COOPER CITY	
		FL	
		85. Zip Code	
		33026	

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, MICHAEL P	1.2 NAME	
STREET ADDRESS	10775 N.W. 11TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	1.4 CITY-ST-ZIP	
TITLE	STEWART, MICHAEL P.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11225 SUNVIEW WAY	2.2 NAME	
STREET ADDRESS	COOPER CITY, FL. 33026	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 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 its 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 _____ 4-24-98 (954)433-0029

CR2E034 (10/97)