

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

FILED

**May 01 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 # F95000002713 (4)

1. Corporation Name
ELLIOTT SHIPPING CO., INC.



Principal Place of Business 20 MAIN ST. GLOUCESTER MA 01930	Mailing Address 20 MAIN ST. GLOUCESTER MA 01930
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6 Rowe Square	26 6 Rowe Square			06/06/1995	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
				04-2660555	
22 City & State	27 City & State	5. Certificate of Status Desired		Applied For	
Gloucester MA	Gloucester MA	<input type="checkbox"/>		Not Applicable	
23 Zip	24 Country	6. Election Campaign Financing Trust Fund Contribution		\$8.75 Additional Fee Required	
01930	Essex	<input type="checkbox"/>		\$5.00 May Be Added to Fees	
25	28	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	
	01930				
	Essex				

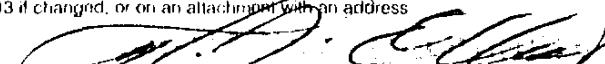
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIOTT, FRANCIS J	1.2 NAME	ELLIOTT FRANCIS J. JR
STREET ADDRESS	20 MAIN ST.	1.3 STREET ADDRESS	6 ROWE SQ.
CITY-ST-ZIP	GLOUCESTER MA 01930	1.4 CITY-ST-ZIP	GLOUCESTER MA 01930
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIZBOSKI, CHESTER J	2.2 NAME	
STREET ADDRESS	20 MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLOUCESTER MA 01930	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, FRANCIS J JR.	3.2 NAME	
STREET ADDRESS	20 MAIN ST. 6 ROWE SQUARE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLOUCESTER MA 01930	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 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:  4/22/98 978-281-1700

CR2E034 (10/97)