

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

FILED
Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 851210 (5)
 1. Corporation Name
NATIONAL FREIGHT, INC.



Principal Place of Business: **71 WEST PARK AVENUE VINELAND NJ 08360**
 Mailing Address: **71 WEST PARK AVENUE VINELAND NJ 08360-3508**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1981	3a. Date of Last Report 03/12/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 21-0586910	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New 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

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	VT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SIDNEY	1.2 NAME	
STREET ADDRESS	71 WEST PARK AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VINELAND NJ 08360	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDALL, BERNICE	2.2 NAME	
STREET ADDRESS	71 WEST PARK AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VINELAND NJ 08360	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, IRWIN	3.2 NAME	
STREET ADDRESS	201 BUTCHER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAXAHACHIE TX 75165	3.4 CITY-ST-ZIP	
TITLE	CPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BERNARD	4.2 NAME	
STREET ADDRESS	71 WEST PARK AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VINELAND NJ 08360	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATERO, MICHAEL	5.2 NAME	VSA - PRESIDENT
STREET ADDRESS	71 WEST PARK AVE.	5.3 STREET ADDRESS	NICHOLS, GARY
CITY-ST-ZIP	VINELAND NJ	5.4 CITY-ST-ZIP	71 WEST PARK AVENUE
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VINELAND NJ 08360
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 13.4 changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **VICE-PRESIDENT** **02-12-97** **<609> 691-7000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)