


FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90104 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L97031
1. Corporation Name
UNI SHIPPERS OF BREVARD, INC.

Principal Place of Business: 1621 N.W. WILLARD RD. PALM BAY FL 32907-6320
Mailing Address: 1621 N.W. WILLARD RD. PALM BAY FL 32907-6320



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1990

21. Principal Place of Business 3995 Hield Road Suite, Apt. #, etc.	22. Mailing Address: P.O. Box 061210 Suite, Apt. #, etc.	23. City & State Palm Bay, FL Zip: 32907 Country: Brevard	24. City & State Palm Bay, FL Zip: 32906 Country: Brevard
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4. FEI Number: 59-3030226
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
VAUGHAN, CURRY
1621 N.W. WILLARD ROAD
PALM BAY FL 32987

10. Name and Address of New Registered Agent
81 Name: JULIE FISHER
82 Street Address (P.O. Box Number is Not Acceptable): 3995 Hield Road
83
84 City: Palm Bay FL 85 Zip Code: 32907

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: Julie V. Fisher DATE: 4/02/99

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: VAUGHAN, CURRY	DELETED: <input type="checkbox"/>
STREET ADDRESS: 1621 N.W. WILLARD RD.	CITY-ST-ZIP: PALM BAY FL 32907	
TITLE: D	NAME: VAUGHAN, NANCY	DELETED: <input type="checkbox"/>
STREET ADDRESS: 1621 N.W. WILLARD RD.	CITY-ST-ZIP: PALM BAY FL 32907	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: D	NAME: KEVIN L. FISHER	Change: <input type="checkbox"/>	Addition: <input checked="" type="checkbox"/>
1.2 STREET ADDRESS: 3995 HIELD RD	1.3 CITY-ST-ZIP: PALM BAY, FL 32907		
2.1 TITLE: D	NAME: JULIE V. FISHER	Change: <input type="checkbox"/>	Addition: <input checked="" type="checkbox"/>
2.2 STREET ADDRESS: 3995 HIELD RD	2.3 CITY-ST-ZIP: PALM BAY, FL 32907		
3.1 TITLE:	NAME:	Change: <input type="checkbox"/>	Addition: <input type="checkbox"/>
3.2 STREET ADDRESS:	3.3 CITY-ST-ZIP:		
4.1 TITLE:	NAME:	Change: <input type="checkbox"/>	Addition: <input type="checkbox"/>
4.2 STREET ADDRESS:	4.3 CITY-ST-ZIP:		
5.1 TITLE:	NAME:	Change: <input type="checkbox"/>	Addition: <input type="checkbox"/>
5.2 STREET ADDRESS:	5.3 CITY-ST-ZIP:		
6.1 TITLE:	NAME:	Change: <input type="checkbox"/>	Addition: <input type="checkbox"/>
6.2 STREET ADDRESS:	6.3 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, with all other like empowered.

SIGNATURE: JULIE V. FISHER DATE: 2/27/99 DAYTIME PHONE #: 407-725-4661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)