

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000068063 (5)
1. Corporation Name

BLAND FREIGHT CONTRACTORS, INC.



Principal Place of Business Mailing Address
1026 SW 180TH TERRACE PEMBROKE PINES FL 33029 1026 SW 180TH TERRACE PEMBROKE PINES FL 33029

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/30/1993	02/01/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22		27		65-0159922	
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

BLAND, MICHAEL E JR.
1026 SW 180TH TERRACE
PEMBROKE PINES FL 33029

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 607.1508, 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAND, MICHAEL E JR.	12 NAME	
STREET ADDRESS	1026 SW 180TH TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAND, VIRGINIA K	22 NAME	
STREET ADDRESS	1026 SW 180TH TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAND, MICHAEL E SR.	32 NAME	
STREET ADDRESS	1026 SW 180TH TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or in an attachment with an address.

SIGNATURE: *Michael E Bland Jr.* 6/7/96 954-433-0132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY

CR2E034 (3/96)