

**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. Morhart
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 17 1996 8:00 am
Secretary of State

DOCUMENT # **PA5000070129**

1. Corporation Name
Caribbean Cargo, Inc.

Principal Place of Business
**5904 18th ST. E.
ELLINGTON, FL.
34222**

Mailing Address
**P.O. Box 1490
TALLAHASSEE, FL.
34270**

3. Date Incorporated or Qualified **11 Sept. 95** 3a. Date of Last Report **4 Dec. 95**

2. Principal Place of Business
21 **5904 18th ST. E.**

2a. Mailing Address
26 **P.O. Box 1490**

4. FE Number **65-0615701**

August Fee
Not Applicable

22 City & State
23 **Ellington, FL.**

27 City & State
28 **Tallahassee, FL.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Director Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **34222** 25 **Manatee**

29 **34270** 30 **Sarasota**

8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LYNN E. SCHELLHORN
2306 51st St. Ave. Terr. W.
Bradenton, FL.
34207**

81 Name
82 Street Address (P.O. Box Number is Not Accepted)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of s. 190.032, Florida Statutes, the above named corporation submits this statement for the purpose of clearing its registered office of record and department of state records. Each of the above named individuals is authorized by the corporation's board of directors, thereby authorized to represent the corporation and to file this statement with the department of state, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR/SECRETARY <input checked="" type="checkbox"/>
NAME	MICHAEL DEIGNAN
STREET ADDRESS	5219 N. Catherine St.
CITY, STATE, ZIP	Plattsburg, N.Y. 12901
TITLE	DIRECTOR <input checked="" type="checkbox"/>
NAME	TERRENCE SEXTON
STREET ADDRESS	15 Hymenow Rd.
CITY, STATE, ZIP	Moxvossville, N.Y. 12962
TITLE	DIRECTOR <input checked="" type="checkbox"/>
NAME	John A. Goodrich
STREET ADDRESS	597 Bay View Dr.
CITY, STATE, ZIP	Longboat Key, FL. 34228

13. ADDITIONAL OFFICERS TO OFFICE (SEE ABOVE SECTION 12)

TITLE	SECRETARY <input checked="" type="checkbox"/>
NAME	BONNIE WIEDEMAN
STREET ADDRESS	2306 16th Ave W.
CITY, STATE, ZIP	Bradenton, FL. 34205

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*****233.75**

SIGNATURE:

L.E. Schellhorn
SIGNATURE AS TYPED OR PRINTED NAME OF SIGNING OFFICER (FOR DIRECTOR)

15 July 96

941
758 4993

OPD
7/17/96

CR2E034 (3/96)