


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

**FILED**

**Sep 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000070129 (8)**  
 1. Corporation Name  
**CARIBBEAN CARGO, INC.**



Principal Place of Business <b>5904 18TH ST. EAST ELLENTON FL 34222</b>	Mailing Address <b>P.O. BOX 1490 TALLAVAST FL 34270-1490</b>
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2. Principal Place of Business <b>21 5315 FOX RUN RD.</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>09/11/1995</b>		3a. Date of Last Report <b>12/04/1996</b>	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number <b>65-0615701</b>		Applied For <input type="checkbox"/> Not Applicable	
23. City & State <b>SARASOTA, FL.</b>		28. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip <b>34231</b>		25. Country		29. Zip		30. Country	
g. Name and Address of Current Registered Agent <b>SCHELLHORN, LYNN E 5904 18TH ST. EAST ELLENTON FL 34222</b>				10. Name and Address of New Registered Agent			

81. Name <b>SCHELLHORN LYNN E.</b>		82. Street Address (P.O. Box Number is Not Acceptable) <b>5315 FOX RUN RD.</b>		83.		84. City <b>SARASOTA</b>		85. Zip Code <b>FL 34231</b>	
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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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *L. E. Schellhorn* **L. E. SCHELLHORN** **27 AUG. 97**  
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WIEDEMAN, BONNIE</b>		1.2 NAME <b>DONNELLY, ED</b>	
STREET ADDRESS <b>2306 18TH AVE. W.</b>		1.3 STREET ADDRESS <b>2366 TANGERINE DR.</b>	
CITY-ST-ZIP <b>BRADENTON FL 34205</b>		1.4 CITY-ST-ZIP <b>SARASOTA, FL. 34239</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHELLHORN, LYNN E</b>		2.2 NAME	
STREET ADDRESS <b>5315 FOX RUN RD.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL 34231</b>		2.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WOODWARD, JAMES L</b>		3.2 NAME	
STREET ADDRESS <b>2531 GRAND CAYMAN ST.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL 34231</b>		3.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOLMES, JAMES</b>		4.2 NAME	
STREET ADDRESS <b>5315 FOX RUN RD.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL 34511</b>		4.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WHITEHEAD, AL</b>		5.2 NAME	
STREET ADDRESS <b>509 S. LARRY CIRCLE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRANDON FL 33511</b>		5.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LANDRY, DUREL</b>		6.2 NAME	
STREET ADDRESS <b>9 GLEN LOOP</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>COVINGTON LA 70435</b>		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 if changed, or on an attachment with an address.

SIGNATURE: *L. E. Schellhorn* **L. E. SCHELLHORN** **27 AUG. 97**

CP2E034 (9/96)