

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 DEC 22 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0101125

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P95000070129 (8)
 1. Corporation Name
 CARIBBEAN CARGO, INC.

Principal Place of Business: 5315 FOX RUN RD, SARASOTA FL 34231, US
 Mailing Address: P.O. BOX 1490, TALLAVAST FL 34270



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

98

2. Principal Place of Business: 2033 Main Street, Suite 100, Sarasota, FL 34237, USA
 2a. Mailing Address: Suite, Apt. #, etc. City & State: Sarasota, FL, Zip: 34237, Country: USA

3. Date Incorporated or Qualified: 09/11/1995
 4. FEI Number: 65-0615701
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: SCHELLHORN, LYNN E, 5315 FOX RUN RD, SARASOTA FL 34231

10. Name and Address of New Registered Agent: 81 Name: Ralph L. Friedland, 82 Street Address: 2033 Main Street, Suite 100, 84 City: Sarasota, FL, 85 Zip Code: 34237

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 607.0507, Florida Statutes.

SIGNATURE: [Signature] DATE: Dec 18, 1998

12. OFFICERS AND DIRECTORS

TITLE: S	NAME: WIEDEMAN, BONNIE	STREET ADDRESS: 2306 16TH AVE. W.	CITY-ST-ZIP: BRADENTON FL 34205	<input type="checkbox"/> DELETE
TITLE: P -D- CEO	NAME: SCHELLHORN, LYNN E	STREET ADDRESS: 5315 FOX RUN RD.	CITY-ST-ZIP: SARASOTA FL 34237	<input type="checkbox"/> DELETE
TITLE: VP	NAME: WOODWARD, JAMES L	STREET ADDRESS: 2531 GRAND CAYMAN ST.	CITY-ST-ZIP: SARASOTA FL 34231	<input type="checkbox"/> DELETE
TITLE: VP	NAME: HOLMES, JAMES	STREET ADDRESS: 5315 FOX RUN RD.	CITY-ST-ZIP: SARASOTA FL 34511	<input checked="" type="checkbox"/> DELETE
TITLE: T -D	NAME: WHITEHEAD, AL	STREET ADDRESS: 509 S. LARRY CIRCLE	CITY-ST-ZIP: BRANDON FL 33511	<input type="checkbox"/> DELETE
TITLE: VP	NAME: LANDRY, DUREL	STREET ADDRESS: 9 GLEN LOOP	CITY-ST-ZIP: COVINGTON LA 70435	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: VP- D	1.2 NAME: John G. Stenglein	1.3 STREET ADDRESS: 1100 University Parkway	1.4 CITY-ST-ZIP: Sarasota, Florida 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: D	2.2 NAME: Ralph L. Friedland	2.3 STREET ADDRESS: 2033 Main Street, Suite 100	2.4 CITY-ST-ZIP: Sarasota, Florida 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: 000002725650-2	3.2 NAME: -12/23/98-01099-012	3.3 STREET ADDRESS: ***758.75	3.4 CITY-ST-ZIP: ***758.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: P-D-CEO	4.2 NAME: Lynn E. Schellhorn	4.3 STREET ADDRESS: 203 Oviedo St.	4.4 CITY-ST-ZIP: Gulf Breeze, FL 33561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: T&D	5.2 NAME: Al Whitehead	5.3 STREET ADDRESS: 509 S. Larry Circle	5.4 CITY-ST-ZIP: Brandon, FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	6.2 NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: [Signature] DATE: 18 Dec 98 365 1980

CR2E034 (5/98)