

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90195 042 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000070129

1. Corporation Name
CARIBBEAN CARGO, INC.

Principal Place of Business 2033 MAIN STREET SUITE 100 SARASOTA FL 34237 US	Mailing Address P.O. BOX 1490 TALLAVAST FL 34270
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 09/11/1995	Applied For Not Applicable
4. FEI Number 65-0615701	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FRIEDLAND, RALPH L
2033 MAIN STREET
SUITE 100
SARASOTA FL 34237

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEDEMAN, BONNIE	1.2 NAME	
STREET ADDRESS	2306 16TH AVE. W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	1.4 CITY-ST-ZIP	
TITLE	POCE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELLHORN, LYNN E	2.2 NAME	
STREET ADDRESS	203 OVIEDO ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 33561	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, JAMES L	3.2 NAME	
STREET ADDRESS	2531 GRAND CAYMAN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENGLEIN, JOHN G	4.2 NAME	
STREET ADDRESS	1100 UNIVERSITY PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHEAD, AL	5.2 NAME	
STREET ADDRESS	509 S. LARRY CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDLAND, RALPH L	6.2 NAME	
STREET ADDRESS	2033 MAIN STREET, SUITE 100	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	6.4 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: *[Signature]* **SIGNATURE**
 Date: **2-10-99**
 Daytime Phone #: **941 365-1980**

CR2E034 (11/98)