


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

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90007 037 \*\*\*150.00

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # F98000006782**

1. Corporation Name  
**BEACON FREIGHTLINE LIMITED COMPANY**



|  |  |
|--|--|
| Principal Place of Business<br>EUROLINK INDUSTRIAL ESTATE<br>SITTING BOURNE<br>KENT. UK ME10 3RN | Mailing Address<br>EUROLINK INDUSTRIAL ESTATE<br>SITTING BOURNE<br>KENT. UK ME10 3RN |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |                        |  |
|---|------------------------|--|
| 2. Principal Place of Business                  | 2a. Mailing Address    | 3. Date Incorporated or Qualified<br>12/14/1998  |
| 21 Suite, Apt. #, etc.                          | 26 Suite, Apt. #, etc. | 4. FEI Number<br><b>APPLIED FOR</b> <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 22 City & State                                 | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                |
| 23 Zip Country                                  | 28 Zip Country         | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees             |
| 24 Zip Country                                  | 29 Zip Country         | 30   |
| 9. Name and Address of Current Registered Agent |                        | 10. Name and Address of New Registered Agent   |

**SIMMS, RJ**  
**6504 CONTEMPO LANE**  
**BOCA RATON FL 33433**

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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

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                      | CP <input type="checkbox"/> DELETE        | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MUIR, KENNETH J                           | 1.2 NAME  |   |
| STREET ADDRESS             | CHENEYHILL, MILSTEAD, SITTING BOURNE      | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | KENT, UK, ME9 OAH                         | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | CVT <input type="checkbox"/> DELETE       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MUIR, SIMON R                             | 2.2 NAME  |   |
| STREET ADDRESS             | 7 SPINDLE GLADE, WOODLANDS, VINTNERS PARK | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MAIDSTONE, KENT UK M E14 5RQ              | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DS <input type="checkbox"/> DELETE        | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MUIR, STUART C                            | 3.2 NAME  |   |
| STREET ADDRESS             | 38 THE WILLOWS, KEMSLEY, SITTING BOURNE   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | KENT, UK, ME10 2TE                        | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE         | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MUIR, JOYCE E                             | 4.2 NAME  |   |
| STREET ADDRESS             | CHENEYHILL, MILSTEAD, SITTING BOURNE      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | KENT, UK, ME9 OAH                         | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STUIFRAND, JOHANN                         | 5.2 NAME  |   |
| STREET ADDRESS             | ARKELSTEIN 23, 3328 BA DORDRECHT          | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | THE NETHERLANDS                           | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GREGORY, RODGER                           | 6.2 NAME  |   |
| STREET ADDRESS             | 12 CONISBOROUGH AVE., GEDLING, NOTTINGHAM | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NOTTS. UK NG4 ZRE                         | 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:

*KENNETH J. MUIR* 2/8/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)