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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 280123

(1)

S

orporatio	n Name	
COUT	CARRIERS,INC	

FILED

Mar 28 1997 8:00am

Secretary of State

Principal Place of Business 2800 S W 27TH AVE MIAMI FL 33133		Mailing Address 2600 S W 27TH AVE MIAMI FL 33133-3005	2600 S W 27TH AVE			control town folic mane 110 to 100 t			
						3. Date Incorporated or Qualified 04/02/1964		ate of Last R 01/1996	eport
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	· .	}	oplied For
Suite, Apt	th oto	Suite, Apt. #, etc.				26-7074227			ot Applicab
2	π, υιο.	27				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Sta	te	City & State				6. Election Campaign Financing		\$5.00	
3) 2(p)	Country	28 Zip	Cou	ntru	J	Trust Fund Contribution		Added (
4	25	29	30	,, y		8. This corporation has liability for it Florida Statutes	ntangible]Yes [. 199.032,
•1	g. Name and Address of Curi		1901			10. Name and Address of New Re			
TA1	THAM, THOMAS L		·····	81	Name				
	O S W 27TH AVE		ĺ	82	Stroot Addr	ess (P.O. Box Number is Not Acceptab	la)		
MV	VMI FL 33133			-	Oncol Addi	USS (1.0. DOX NOT INCOME TO THOSE ACCEPTED	,0)		
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				84	City	······································		85 Zip (Code
				L.,		oration submits this statement for the p ion's board of directors. I hereby accep	<u>FL</u>		
SIGNATURE	Signature, typical or printed name of registered		(NOTE: Registered			ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	145/	77 RS IN 12
HLE	VD	DELETE		TLE	T			Change	Addit
NAME	TATHAM, BERNICE		1.2 N/	AME	{				
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iamé.	TATHAM, THOMAS L 2600 S W 27TH AVE		2.2 N/		1				
SCHOOL FEBRUS	MIAMI, FL 00000				ADDRESS	·			
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NAME	TAYLOR, MARLENE T	bigerie	3.2 N/		}				
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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.

64 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

NAME

STREET ADDRESS