

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **823913** (9)
1. Corporation Name
COMMERCIAL CARRIERS OF MICHIGAN, INC.

Principal Place of Business % CORPORATE TAX 3600 NW 82ND AVENUE MIAMI FL 33166	Mailing Address % CORPORATE TAX 3600 NW 82ND AVENUE MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1969	
4. FEI Number 38-0436930	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1. Principal Place of Business 21 1450 West Long Lake Road Suite, Apt. #, etc. 22 City & State 23 Troy, Michigan Zip 24 48098	2. Mailing Address 26 2100 RiverEdge Pkwy, N.W. Suite, Apt. #, etc. 27 Suite 300 City & State 28 Atlanta, Georgia Zip 29 30328 Country 30 U.S.A.

9. Name and Address of Current Registered Agent HERRON, JAMES M. 3600 N.W. 82ND AVE. MIAMI FL 33166		10. Name and Address of New Registered Agent 81 Name C T Corporation System 82 Street Address (P.O. Box Number Is Not Acceptable) 1200 South Pine Island Road 83 84 City Plantation FL 85 Zip Code 33324	
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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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	President
NAME	BURNS, M ANTHONY	1.2 NAME	Joseph W. Collier
STREET ADDRESS	3600 NW 82ND AVE.	1.3 STREET ADDRESS	160 Clairemont Ave., Ste. 510
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Decatur, GA 30030 U.S.A.
TITLE	AT	2.1 TITLE	Vice President
NAME	FEIGENBAUM, LILLIAN	2.2 NAME	Tex R. Flippin
STREET ADDRESS	3600 NW 82ND AVE.	2.3 STREET ADDRESS	160 Clairemont Ave., Ste. 510
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Decatur, GA 30030 U.S.A.
TITLE	VAS	3.1 TITLE	Secretary
NAME	HERRON, J.E.	3.2 NAME	Tommy Kirkman
STREET ADDRESS	3600 N.W. 82ND AVE.	3.3 STREET ADDRESS	160 Clairemont Ave., Ste. 510
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Decatur, GA 30030 U.S.A.
TITLE	S	4.1 TITLE	Treasurer
NAME	CHOZIANIN, H. JUDITH	4.2 NAME	David S. Forbes
STREET ADDRESS	3600 NW 82 AVENUE	4.3 STREET ADDRESS	160 Clairemont Ave., Ste. 510
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Decatur, GA 30030 U.S.A.
TITLE	VT	5.1 TITLE	
NAME	JOHN F. BRENNAN	5.2 NAME	
STREET ADDRESS	3600 N.W. 82ND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HOUSTON, EDWIN A.	6.2 NAME	
STREET ADDRESS	3600 N.W. 82ND AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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.

SIGNATURE:  **DAVID S. FORBES** 3/5/98 4430 4209

CR2E034 (10/97)