## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 8	54539
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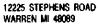
(4)

orporation Name

CENTRAL AIR FREIGHT, INC.

Principal Place of Business	Mailing Address

12225 STEPHENS ROAD 12225 S WARREN MI 48089 WARREN



							3. Date Incorporated or Qualified 10/29/1982		te of Last <b>05/01/</b>			
2. Principal Place of Business			2a	2a. Mairing Address			4. FEI Number		Applied For			
Suite, Apt. #, etc.		26	26				38-2421830			Not Applicable		
		27	Suite Apt #, etc			5. Certilicate of Status Desired S8.75 Additional Fee Required						
23	City & State		28	City & State				Election Campaign Financing     Trust Fund Contribution			\$5.00 May Be Added to Fees	
24	Zip Country Zip 25 29		Zip	rip Country			8. This corporation has liability for Florida Statutes	intangible No	tax under	rs 199 032,		
	9. Nam	e and Address of Cu	rrent Regis	stered Agent		Ţ		10. Name and Address of New F	legistered	d Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324					81 82 83	Name Street Addre	ess (P.Ö. Box Nuniber is Not Acceptat	ole)	85	Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.

SIGNATURE _	grabine typed or printed name of negativest ages hand to	te dansonal in (NOIs	Flog desca Agent signal noine, in	od who consisting) DATE		
12.		OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TUE	Change Addition		
NAME	MOROUN, M.J.		1.2 NAME			
STREET ADDRESS	12225 STEPHENS ROAD		1.3 STHEET ADDRESS			
CITY-ST-ZIP	Warren M		1.4 CITY - ST - ZIP			
TITLE	VSD	☐ DELETE	2 1 HUE	☐ Change ☐ Addition		
NAME	MOROUN, A.A.		2.2 NAME			
STREET ADDRESS	12225 STEPHENS ROAD		2.3 STREET ADDRESS			
CITY - ST - ZIP	WARREN MI		2.4 City St-ZiP			
TITLE	EVD	<b>▼</b> DELETE	3 1 T-1LF	Change Addition		
NAME	LECH, R.W.		3.2 NAME			
STREET ADDRESS	12225 STEPHENS ROAD		3.3 STREET ADDRESS			
CITY-ST-ZIP	WARREN MI		3.4.0(TY - S1 - 7)P			
TITLE	VT	DEFELE	4 1 TITLE	<b>D</b> Change <b>X</b> Addition		
NAME	HARNED, N.E.		4.2 NAME			
STREET ADDRESS	12225 STEPHENS ROAD		4.3 STREET ADDRESS	}		
CITY-ST-ZIP	WARREN MI		4.4 City St ZIF			
TITLE		☐ DELEJE	5 1 TITLE	Change Addition		
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CiTY - ST - ZiP			
TITLE		☐ DELETE	. 6 1 TI*LF	Change Addition		
NAME			6.2 NAME			
STREET ADORESS			6.3 STREET ADORESS			
CHTY-ST-ZIP			6.4 CITY - ST - ZIP			

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my's greature shall have the same logal 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

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R2F034 (12/95)