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

PROFIT CORPORATION ANNUAL REPORT

1997



TUORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 854539

(4)

CENTRAL AIR FREIGHT, INC.

FILED	
Apr 30 1997 8:00am	1
Secretary of State	

i i	e of Business	Mailing Addre					91911 91911 91911 91911 <u>9</u> 1	en sien 1001		
12225 STEPHE WARREN MI 4		12225 STEPHER Warren mi 48								
						3. Date Incorporated or Qualified 10/29/1982	3a. Date of Las	' '		
2. Principal P	2a. Mailing Ad	dress			4. FEI Number	1	Applied For			
26						38-2421830		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & Stat	е	City & State	City & State			6. Efection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zıp	Country	Zip		Country		8. This corporation has liability for i	ntangible tax unde	r s. 199.032,		
24	25	29	30				Yes 🗌 No	·		
	9. Name and Address of Curr	ent Registered Agen				10. Name and Address of New Re	gistered Agent			
CT	CORPORATION SYSTEM			81	Name					
1200 S. PINE ISLAND ROAD				82	Street A	Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
				83						
				84	City		FL 85 Z	ip Code		
11. Pursuant office or a agent. I s	to the provisions of Sections 607.00 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 607,1508, Flo to of Florida, Such cha igations of, Section 60	rida Statules, t inge was auth 7.0505, Florida	he above orized by a Statutes	named c the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changin of the appointment	g ils registered as registered		
SIGNATURE	Signature, typed or printed nume of regularies at	gent and title if applicable	(NOTE: Bo	gistered Agri	n' signature re	quired when renestating)	DÄTE			
12.		NO DIRECTORS	I	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12		
TITLE	PD DELETE			1.1 UTLE		☐ Change ☐ Addition				
NAME	MOROUN, M.J.			1.2 NAME						
STREET ADDRESS				1.3 STREET	AODRESS					
CITY-ST-ZIP	WARREN MI			1.4 CHY-ST	- 7 P					
TITLE	VSD DELETE			211011.6		Change Addition				
NAME	TREET ADDRESS 12225 STEPHENS ROAD			2.2 NAME						
STREET ADDRESS				23 STREET /	ADDRESS					
CITY-ST-ZIP	WARREN MI			2 4 CHY-S	1 - ZIP					
TITLE	DVT DELETE		DELETE	3 1 TRUE		VT	Chang	je 🔣 Addition		
NAME	HARNED, N.E.			32 NAME	-					
STREET ADDRESS	12225 STEPHENS ROAD			3.3 STREET .	ADDRESS					
CITY-ST-ZIP	WARREN MI			34. CITY-S	1 - ZIP					
TITLE			DELETE	4 1 1 311			Chang	e Addition		

64 CITY-S1-2IP

14. I do hereby certify that the information supplied with this filling 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.

4 2 NAME

5 1 TITLE

5.2 NAME

6171111

62 NAME

DELFTE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.9 STREET ADDRESS

5.4 CiTY - \$1 - 7iP

4.4 CITY - \$1 - ZIP

NONATURE V

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

10 5/

UP 5The 4/21/6

Addition

Addition

Dhange