

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 18 1996 8:00 am
Secretary of State

DOCUMENT # F92774 (1)

1. Corporation Name

M & A FREIGHT CORP. INC.

Principal Place of Business

4108 BAY VILLA
TAMPA FL 33611-1204

Mailing Address

4108 BAY VILLA
TAMPA FL 33611-1204

3. Date Incorporated or Qualified
07/30/1982

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
59-2220870

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POZIN, ANDREW
11100 60TH ST N
PINELLAS PARK FL 34666

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE DV
NAME POZIN, ANDREW
STREET ADDRESS 4108 BAY VILLA
CITY- ST- ZIP TAMPA, FL 00000

TITLE PTD
NAME POZIN, MELVIN
STREET ADDRESS 4108 BAY VILLA
CITY- ST- ZIP TAMPA, FL 00000

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2. 1 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3. 1 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4. 1 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5. 1 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6. 1 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MELVIN POZIN

4/15/96

(813) 839-7131

CR2E034 (12/95)