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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F9300000836 (7)

CONTROL CARGO SERVICE LTD., CORPORATION

Principal Place of Business Mailing Address						. Albita mutti matut taima 1231	in diet führ
8270 NW 100TH STREET 8270 NW 100TH STREET MEDLEY FL 33178 MEDLEY FL 33178-1423							
					3. Date Incorporated or Qualified 02/04/1993	3a. Date of Last F 03/08/1996	Report
2. Principal Place of Business 2a, Mailing Addres					4. FEI Number	I A	pplied For
21	26			11-2524886		ot Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.	<del></del> 1		5. Certificate of Status Desired	1 1	Additional lequired
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Ζφ <b>24</b>	Country 25	Zip 29	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
	9. Name and Address of Curre				10. Name and Address of New Re	glatered Agent	
HOL	JGH, ROBERT		81	Name			
	0 NW 100TH STREET NLEY FL 33178		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
			83	·	·		
	4		84	City	***		Code
11. Pursuant i	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above	a-named corp	oration submits this statement for the pion's board of directors. I hereby accept	urpose of changing	its registered
office or n	egistered agent, or folh, in the Stat m famil ar with, and accept the obta	e of Florida. Such change was a dations of Section 607,0505, Flor	uthorized by rida Statutes	/ the corporati s.	ion's board of directors. I hereby accer	it the appointment as	s registered
SIGNATURE	factor for	N-2 Man	مدر		4/5	0/97	
L	Segmentary, Age of or printed name of registered as	gent and title if applicable (NOTE	Registered Age	ent signature require	ed when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	• •		1.1 TITLE			Change	Addition
NAME	HOUGH, ROBERT		1.2 NAME				
STREET ADDRESS	10757 CLEARY BLVD.		1.3 STREET ADDRESS				
CITY - ST - ZIP			1.4 CITY-S	T-ZIP			
1mt	<del>-</del>		2 1 TITLE			L Change	Addition
NAME	HOUGH, PIA		2.2 NAME				
STREET ADDRESS	10757 CLEARY BLVD.		2.3 STREET ADDRESS				i
CHY-S1 ZF	PLANTATION FL 33324		2.4 CITY-ST-ZIP				
THILE	DELETE 3.1		3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STHEET ADDRESS			3.3 STREET	ADDRESS			l
CHY-ST ZIP			3.4. CITY - 5	ST-ZIP			
TI*LF		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME .			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
C-TY - ST - ZIP			4.4 CITY - S	T-ZIP			4 1 102
TILE	1		5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADORESS			Ì
CITY - ST - ZiP			5.4 CITY-S	T-ZIP			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
TITLE		☐ DELETE	6.1 TITLE			L. Change	Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET	ADDRESS			i

64 City-st-zip

14. I do 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 of 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

SIGNATURE:

appears in Block 12 or Block 13 if changed,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/38/97 Date

Daytime Phone #

**FILED** 

May 15 1997 8:00am

Secretary of State