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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000003213

1. Corporation Name
FLORIDA WAREHOUSE MANAGEMENT SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**23 PUBLIC SQUARE, STE. 440
 BELLEVILLE IL 62220**

Mailing Address
**23 PUBLIC SQUARE, STE. 440
 BELLEVILLE IL 62220**

3. Date Incorporated or Qualified
06/20/1994

4. FEI Number
37-1206365

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTMANN, JURGEN K	
STREET ADDRESS	PO BOX 8 N/A	
CITY-ST-ZIP	HARTFORD IL 62048	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PABST, KIP	
STREET ADDRESS	PO BOX 8 N/A	
CITY-ST-ZIP	HARTFORD IL 62048	
TITLE	DOCO	<input type="checkbox"/> DELETE
NAME	MEYER, DENNIS	
STREET ADDRESS	900 ENGINEERS RD.	
CITY-ST-ZIP	GRANITE CITY IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FLYNN, PATRICK M	
STREET ADDRESS	23 PUBLIC SQ., STE. 440	
CITY-ST-ZIP	BELLEVILLE IL 62220	
TITLE	C	<input type="checkbox"/> DELETE
NAME	CASSIDAY, WILLIAM	
STREET ADDRESS	PO BOX 67 N/A	
CITY-ST-ZIP	HARTFORD IL 62048	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Boveda, Jose	
1.3 STREET ADDRESS	Botrade, S.L., Apartado de Correos #251,	
1.4 CITY-ST-ZIP	48900 Berango, Vizcaya, Espana (Spain)	
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Faulkner, William	
2.3 STREET ADDRESS	P.O. Box 67 N/A	
2.4 CITY-ST-ZIP	Hartford, IL 62048	
3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Meyer, Dennis	
3.3 STREET ADDRESS	34 N. 45th Ave., Ste. E	
3.4 CITY-ST-ZIP	Phoenix, Arizona 85043	
4.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hendrickson, Bruce	
4.3 STREET ADDRESS	P.O. Box 67 N/A	
4.4 CITY-ST-ZIP	Hartford, IL 62048	
5.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cassiday, William	
5.3 STREET ADDRESS	P.O. Box 67 N/A	
5.4 CITY-ST-ZIP	Hartford, IL 62048	
6.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Leahy, Joseph	
6.3 STREET ADDRESS	16400 S. Lathrop	
6.4 CITY-ST-ZIP	Harvey, IL 60426	

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, with all other like empowered.

SIGNATURE: *Patrick M. Flynn* Patrick M. Flynn Secretary 618-233-0480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)