

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 # F94000004148 (2)

1. Corporation Name

SOUTHLINE TRANSPORT, INC.



Principal Place of Business

951 BROKEN SOUND PARKWAY
SUITE 100
BOCA RATON FL 33487

Mailing Address

951 BROKEN SOUND PARKWAY
SUITE 100
BOCA RATON FL 33487

2. Principal Place of Business

21 3301 N. I-85 Service Road

Suite, Apt. #, etc.

22

City & State

23 Charlotte, NC

Zip

24 28269

Country

25 Mecklenburg

2a. Mailing Address

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

08/10/1994

3a. Date of Last Report

03/08/1995

4. FEI Number

65-0502353

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

SCHUSTER, MICHAEL
951 BROKEN SOUND PARKWAY
SUITE 100
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

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 any) provided

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHUSTER, I. TULLY	
STREET ADDRESS	951 BROKEN SOUND PARKWAY	
CITY- ST- ZIP	BOCA RATON FL 33487	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHUSTER, RONALD	
STREET ADDRESS	951 BROKEN SOUND PARKWAY	
CITY- ST- ZIP	BOCA RATON FL 33487	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHUSTER, RITA M	
STREET ADDRESS	951 BROKEN SOUND PARKWAY	
CITY- ST- ZIP	BOCA RATON FL 33487	
TITLE	VAST	<input type="checkbox"/> DELETE
NAME	SCHUSTER, MICHAEL	
STREET ADDRESS	951 BROKEN SOUND PARKWAY	
CITY- ST- ZIP	BOCA RATON FL 33487	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHUSTER, TAMMY 951 BROK	
STREET ADDRESS	NW, 100	
CITY- ST- ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

Tammy Schuster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

4/9/96

407-241-0100

Date

Telephone

CR2E034 (12/95)