


FILED


Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

Feb 03 1997 8:00am
Secretary of State



DOCUMENT # F96000004800 (6)
1. Corporation Name
M.R.S. FREIGHT FORWARDING SERVICES, INC.

Principal Place of Business
P.O. BOX 5280
GODFREY IL 62035

Mailing Address
P.O. BOX 5280
GODFREY IL 62035-5280

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

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

3. Date Incorporated or Qualified
09/18/1996

3a. Date of Last Report

4. FEI Number
37-1278262

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
SOLOMON, GABRIELLE A
7601 N. FEDERAL HWY., STE 215-A
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name
GABRIELLE A SCHUSTER
82 Street Address (P.O. Box Number is Not Acceptable)
7601 NORTH FEDERAL HIGHWAY SUITE 215A
83
84 City
BOCA RATON FL 85 Zip Code
33487

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: *Gabrielle A. Schuster* GABRIELLE A. SCHUSTER 1-24-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
1. TITLE
PCD
NAME
SOLOMON, MICHAEL R
STREET ADDRESS
4851 CULP LANE
CITY-ST-ZIP
BETHALTO IL
2. TITLE
STD
NAME
SOLOMON, CONSTANCE J
STREET ADDRESS
4851 CULP LANE
CITY-ST-ZIP
BETHALTO IL
3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 registered agent authorized 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]* 1/24/97 618-466-9079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C:\B2E034 (9/06)