

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90020 001 ***150.00

DOCUMENT # **F98000000682**
Corporation Name

CORE CARRIERS, INC.

Principal Place of Business Mailing Address
~~BOX 26396~~ PO BOX 26396
JACKSONVILLE FL 32226 JACKSONVILLE FL 32226

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1921 Heckscher Dr.	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/05/1998	4. FEI Number 56-1675801	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State Jacksonville, FL	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 32218	Country 25 USA	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAREES, MICHAEL J
6320 ST. AUGUSTINE RD., BLDG TEN
JACKSONVILLE FL 32217

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

OFFICERS AND DIRECTORS

E	PCD	<input type="checkbox"/> DELETE
IE	MORRISON, BRANTLEY	
REET ADDRESS	13027 BIGGIN CHURCH RD., SOUTH	
ST-ZIP	JACKSONVILLE FL	
E		<input type="checkbox"/> DELETE
IE		
REET ADDRESS		
ST-ZIP		
E		<input type="checkbox"/> DELETE
IE		
REET ADDRESS		
ST-ZIP		
E		<input type="checkbox"/> DELETE
IE		
REET ADDRESS		
ST-ZIP		
E		<input type="checkbox"/> DELETE
IE		
REET ADDRESS		
ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	12748 Hunt Club Rd. N.
1.4 CITY-ST-ZIP	Jacksonville, FL 32224
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	

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.

SIGNATURE:

Brantley Morrison **REQUIRED**

CR2E034 (5/99)

Michael C. Datres
Controller, C.P.A.

General Office:
P.O. Box 26396
Jacksonville, FL 32226

904-751-6369, ext. 122
800-326-1026
Fax: 904-751-0819
<http://www.corecarriers.com>



CORE CARRIERS INC.

48000000682
Rec'd 7009068796

July 2, 1999

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I received the 1999 Profit Corporation Annual Report Packet (second notice) in today's mail. I called your office explaining that this is the first one that I have received and was thus instructed to ignore the late fee and pay the normal \$150. I appreciate your help and, if necessary, can be reached at (904) 751-6369 X 122.

Sincerely,

Mike Datres

Mike Datres