


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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90153 032 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G82008**

1. Corporation Name  
**CARTAGE, INC.**



Principal Place of Business 1540 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33334 <i>300 Diplomat Parkway                  Suite # 315                  Hallandale, FL 33009</i>	Mailing Address 1540 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33334 <i>300 Diplomat Parkway                  Suite # 315                  HALLANDALE, FL 33009</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>300 Diplomat Parkway</i> Suite, Apt. #, etc. 22 <i>315</i> City & State 23 <i>HALLANDALE, FL</i> Zip Country 24 <i>33009</i> 25 <i>BROWARD</i>	2a. Mailing Address 26 <i>300 Diplomat Parkway</i> Suite, Apt. #, etc. 27 <i>Suite 315</i> City & State 28 <i>HALLANDALE, FL</i> Zip Country 29 <i>33009</i> 30 <i>BROWARD</i>
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3. Date Incorporated or Qualified <b>11/29/1983</b>	4. FEI Number <b>59-2350555</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>COUF, ROBERT M</b> <b>1540 E. COMMERCIAL BLVD.</b> <b>FT LAUDERDALE FL 33334</b>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <i>300 Diplomat Parkway</i>	83 <i>Suite 315</i>	84 City <i>HALLANDALE</i>	85 Zip Code <b>FL 33009</b>
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10. Name and Address of New Registered Agent
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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 *Robert M. Couf, PRESIDENT* *RM Couf* DATE *4/15/99*

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

12. OFFICERS AND DIRECTORS	
TITLE PS <input type="checkbox"/> DELETE	NAME COUF, ROBERT M
STREET ADDRESS 1540 E. COMMERCIAL BLVD.	CITY-ST-ZIP FT LAUDERDALE FL 33334
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-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 <i>300 Diplomat Parkway, Suite 315</i>	1.4 CITY-ST-ZIP <i>HALLANDALE, FL 33009</i>
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 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: *SIGNATURE REQUIRED* DATE *4/15/99* DAYTIME PHONE # *954-458-4123*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)