FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:31

DOCUMENT # **H27817** **(6)**

1. Corporation Name
INTER CONTINENTAL FREIGHT BROKERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 60631 JACKSONVILLE FL 32236	P.O. BOX 60631 JACKSONVILLE FL 32236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/30/1984**
3a. Date of Last Report: **02/22/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2625364** ☐ 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	10. Name and Address of New Registered Agent
BEAKES, O. C. 836 RIVERSIDE AVE. JACKSONVILLE FL 32204	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AS	11 TITLE	VP	☐ Change ☑ Addition
NAME	BEAKES, O. C.	12 NAME	Jack V. Englert	
STREET ADDRESS	836 RIVERSIDE AVE.	13 STREET ADDRESS	836 Riverside ave.	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Jacksonville FL 32204	
TITLE	[redacted]	21 TITLE	VPT	☐ Change ☑ Addition
NAME	[redacted]	22 NAME	Mary Joy Englert	
STREET ADDRESS	[redacted]	23 STREET ADDRESS	836 Riverside ave.	
CITY ST ZIP	[redacted]	24 CITY ST ZIP	Jacksonville FL 32204	
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	MANGES, RICHARD	32 NAME		
STREET ADDRESS	836 RIVERSIDE AVE.	33 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP		
TITLE	[redacted]	41 TITLE		☐ Change ☐ Addition
NAME	[redacted]	42 NAME		
STREET ADDRESS	[redacted]	43 STREET ADDRESS		
CITY ST ZIP	[redacted]	44 CITY ST ZIP		
TITLE	VPS	51 TITLE		☐ Change ☐ Addition
NAME	MANGES, ROBIN	52 NAME		
STREET ADDRESS	836 RIVERSIDE AVE.	53 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Richard W. Manges Richard W. Manges 4/5/95 904 781 0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400400 FP