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 # 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

3. Date Incorporated or Qualified: **10/30/1984**
3a. Date of Last Report: **04/12/1995**

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

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

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**

BEAKES, O. C.
836 RIVERSIDE AVE.
JACKSONVILLE FL 32204

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 applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AS	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	BEAKES, O. C.		1 2 NAME		
STREET ADDRESS	836 RIVERSIDE AVE.		1 3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1 4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	ENGLERT, JACK V.		2 2 NAME		
STREET ADDRESS	836 RIVERSIDE AVE.		2 3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2 4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	MANGES, RICHARD		3 2 NAME		
STREET ADDRESS	836 RIVERSIDE AVE.		3 3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3 4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME	ENGLERT, MARY JOY		4 2 NAME		
STREET ADDRESS	836 RIVERSIDE AVE.		4 3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4 4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME	MANGES, ROBIN		5 2 NAME		
STREET ADDRESS	836 RIVERSIDE AVE.		5 3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE	SECRETARY - TREASURER	☐ Change ☑ Addition
NAME			6 2 NAME	P. F. GREENE, JR	
STREET ADDRESS			6 3 STREET ADDRESS	1622 CEDAR GROVE ROAD, S.E.	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	CONLEY, GA 30027	

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: P F Greene Jr — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96 Date

(404) 363-0010 Daytime Phone #

CR2E034 (12/95)