

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 # H59937 (3)

1. Corporation Name

EXPORTS CARIBBEAN, INC.

Principal Place of Business

% C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324

Mailing Address

5100 POPLAR AVE
STE 2220
MEMPHIS TN 38137
US



2. Principal Place of Business

2a. Mailing Address

21 EXPORTS CARIBBEAN, INC.

Suite, Apt. #, etc.

22 1340 STIRLING RD #7a

Suite, Apt. #, etc.

27 City & State

23 DANIA, FL

24 Zip

33004

25 Country

usa

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

05/29/1985

3a. Date of Last Report

05/01/1995

4. FEI Number

35-1640084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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

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

TITLE DV
NAME MURPHEY, MURRAY C.
STREET ADDRESS 5100 POPLAR AVE., #2219
CITY-ST-ZIP MEMPHIS TN

☐ DELETE

TITLE D
NAME HUMPHREYS, JAMES H., JR.
STREET ADDRESS 5100 POPLAR AVE., #2219
CITY-ST-ZIP MEMPHIS TN

☐ DELETE

TITLE D
NAME OWEN, D. GLYNNE
STREET ADDRESS 5100 POPLAR AVE., #2214
CITY-ST-ZIP MEMPHIS TN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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 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; that 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF PRINCIPAL OFFICER OR DIRECTOR
MURRAY C. MURPHEY

4/30/96

Date

(901) 761-2349

Daytime Phone #

CR2E034 (12/95)