

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J01234** (0)

1. Corporation Name:  
**CARIBBEAN TRANSPORT AGENCY, INC.**

Principal Place of Business:

**TAMIAMI CENTER  
3357 TAMIAMI TRAIL N.  
NAPLES FL 33940  
US**

Main Address:

**C/O GEORGE P. LANGFORD, ESQUIRE  
3357 TAMIAMI TRAIL N. S-TAMIAMI CTR. 2 FL  
NAPLES FL 33940  
US**



2. Principal Place of Business:

2a. Mailing Address:

21 **1044 CASTELLO DRIVE**  
Suite, Apt. #, etc.

26

22 **213**

27

23 **NAPLES FLA**  
City & State

28

24 **33940**  
Zip

25 **COLLIER**  
Country

29

30

3. Name and Address of Current Registered Agent

**LANGFORD, GEORGE P.  
TAMIAMI CENTER  
3357 TAMIAMI TRAIL, S.  
NAPLES FL 33940**

81 Name

82 Street Address (If C. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Section 607.09, 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 is 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 Florida Statutes, Chapter 607.

SIGNATURE

Signature of the person who is the registered agent

Signature of the president or secretary of the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DATE
	<b>PD KNIGHT, CHARLES W.</b>	<b>9407 AUTUMN HAZE DR.</b>	<b>NAPLES FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DATE
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14. I do hereby certify that the information given in this filing is true and correct and that I am qualified for the execution of this statement. Section 119.01, Florida Statutes, further certifies that the information included on this filing is true and correct and that the signature of the registered agent shall have the same legal effect as if made under oath. That I am an officer or director of the corporation is certified by the signature of the president or secretary of the corporation. Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an alternate filing address.

SIGNATURE:   
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pres. 3/22/96 941-434-0110**

CR2E034 (12/95)