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

PROFIT **CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation	MENT # J42398 EY CARTAGE CO., INC.	3 (4)			
Principal Place of Business MARTHUR S. CORRALES		Mailing Address P.O. BOX 290204		T TODAKTO EKIT BADAD HADDO KAKA TELDI ADAL BAERT DIK	DEI AIRIT BIRIT STRUT AIRIT TRAL
550 N. REO ST., STE. 300 TAMPA FL 33609		550 N. REO ST., STE. 300 TAMPA FL 33682		DO NOT WRITE IN THIS	S SPACE
		US		3. Date Incorporated or Qualified 11/17/1986	
<u> </u>	ace of Business	2a. Mailing Address		4. FEI Number 59-2742600	Applied For Not Applicable
Suite, Apt.	W. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27			Fee Required
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25 g. Name and Address of Curren		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
CO	RRALES, ARTHUR S.	r Hegisteren Agent	81 Name //	10. Name and Appress of New Registered	o Agent
	2 W. SLIGH AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 100			6	504 N. 56th St.	
TAN	APA FL 33604		83		
			84 City	moa, Fla F	L 85 Zip Code 336/0.
11. Pursuant t	o the provisions of Sections 6/7.0502	2 and 607 1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
agent. I ai	n familiar with and accept he polige	or ronda. Such change was a itigals of, Section 607.0505, Flo	rida Statutes.	inion's board of directors. Thereby accept the ap	bpointment as registered
SIGNATURE	Signature, speed or profiled number of registered ages	of and little of applicable (NOTE	Angistered Agent signature requi	ired when reinstating) DATE	/78
12.	OFFICERS AND	DIVIRE CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	P STANIEV VERTI	[_] DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	STANLEY, KEITH 2216 SHADE HILL COURT		1.2 NAME 1.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		14 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-SI-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		□] DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADORESS		:
TITLE		☐ DELETE	5.1 THLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		- Inches	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		i
STREET ADDRESS			6.3 STREET ADDRESS		

14. 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 each; that I am an officer or director of the corporation or the receiver or justice 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:

FILED

Feb 24 1998 8:00am

Secretary of State