

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 # **K43247** (1)

1. Corporation Name

FLORIDA SPECIALIZED CARRIERS, INC.



Principal Place of Business

Mailing Address

20711 U.S. HWY 98
DADE CITY FL 33525
US

20711 U.S. HWY 98
DADE CITY FL 33525
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, LAZ L ESQ.
100 N.E. 3 AVE
SUITE 400
FT. LAUDERDALE FL 33301

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 official approval

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, DAVID A	
STREET ADDRESS	11130 CROOM RITAL RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HILL, CHRISTOPHER A.	
STREET ADDRESS	116 TRALEE CT	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KABOT, GARY	
STREET ADDRESS	9200 N.W. 14 COURT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIGBY, ALEC T	
STREET ADDRESS	1720 S. OCEAN BLVD.	
CITY-ST-ZIP	MANALAPAN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVERSTEIN, JOEL	
STREET ADDRESS	P.O. BOX 4367	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHIL KABOT	
1.3 STREET ADDRESS	150 S. PINE ISLAND ROAD	
1.4 CITY-ST-ZIP	PLANTATION, FL 33324	
2.1 TITLE	ASST S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRIAN K. EYE	
2.3 STREET ADDRESS	20711 U.S. HWY 98	
2.4 CITY-ST-ZIP	DADE CITY, FL 33525	
3.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	900001819679	
4.3 STREET ADDRESS	-05/14/96--01013--035	
4.4 CITY-ST-ZIP	***1800.00	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

Brian K. Eye - Brian K. Eye 4/30/96 (352)-583-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

5/1/96