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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L38977** (9)
1. Corporation Name
INTER CONTINENTAL FREIGHT FORWARDERS, INC.



Principal Place of Business

Mailing Address

**5400-2 VERNA BLVD
JACKSONVILLE FL 32205**

**P.O. BOX 60631
JACKSONVILLE FL 32236-0631**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1622 CEDAR GROVE RD, SE**

22 City & State

27 City & State
CONLEY, GA

23 Zip Country

28 Zip Country
30027 USA

3. Date Incorporated or Qualified

12/26/1989

3a. Date of Last Report

06/07/1996

4. FEI Number

26-7304410

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

10. Name and Address of New Registered Agent

**MANGES, RICHARD W.
5400-2 VERNA BLVD
JACKSONVILLE FL 32205**

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 **D** ☐ DELETE
NAME **ENGLERT, J.V.**
STREET ADDRESS **5400-2 VERNA BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** ☒ DELETE
NAME **ENGLERT, MARY JOY**
STREET ADDRESS **5400-2 VERNA BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** ☒ DELETE
NAME **MANGES, ROBIN S.**
STREET ADDRESS **5400-2 VERNA BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** ☐ DELETE
NAME **MANGES, RICHARD W.**
STREET ADDRESS **5400-2 VERNA BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **ST** ☐ DELETE
NAME **GREENE, P.F. JR.**
STREET ADDRESS **1622 CEDAR GROVE ROAD S.E.**
CITY-ST-ZIP **CONLEY GA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 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:

[Signature] PF KRECHT JR 4/16/97 404 363-0010

CR2E034 (9/96)