**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 # **L67956** **(7)**

1. Corporation Name
**CARGOMAR, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P. O. BOX 678<br>PALM CITY FL 34990 | P. O. BOX 678<br>PALM CITY FL 34990 |

3. Date Incorporated or Qualified: **04/25/1990**
3a. Date of Last Report: **03/20/1995**

4. FEI Number: **65-0185783** ☐ 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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip<br>24 | Country<br>25 |
| Zip<br>29 | Country<br>30 |

9. Name and Address of Current Registered Agent

**GALFOND, DAVID C.**
**8 SOUTH SEWALL'S POINT ROAD**
**STUART FL 33499**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ARMELLINI, RICHARD<br>3271 S.W. WATER EDGE WAY<br>PALM CITY FL | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>NICHOLASON, JOHN J.<br>1149 S.W. HOGAN STREET<br>PORT ST. LUCIE FL | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ARMELLINI, WILLIAM<br>5749 MAPP ROAD<br>PALM CITY FL | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ARMELLINI, STEPHEN<br>10882 SW HAWK VIEW CIRCLE<br>STUART FL | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ARMELLINI, DAVID<br>5650 W. WATERFORD DR.<br>DAVIE FL | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DUSHARM, JUDITH<br>2345 VINE ROAD<br>VINELAND NJ | ☐ DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|
| 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>Armellini, Stephen<br>6820 Appaloosa Trail<br>Fort Lauderdale, FL 33330 | ☒ Change ☐ Addition |
| 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | D<br>Armellini, David<br>4994 Lake Grove Cir., SW<br>Palm City, FL 34990 | ☒ Change ☐ Addition |
| 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | Dusharm, Judith<br>1757 S.W. Crane Creek Circle<br>Palm City, FL 34990 | ☒ Change ☐ Addition |

CR2E034 (12/95)

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)(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:** _____ John J. Nicholason April 15, 1996 407 287-0575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478629 FP