

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

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L67956 (7)**  
 1. Corporation Name  
**CARGOMAR, INC.**

Principal Place of Business <b>P. O. BOX 678</b> <b>PALM CITY FL 34990</b>	Mailing Address <b>P. O. BOX 678</b> <b>PALM CITY FL 34991-0678</b>
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<b>2. Principal Place of Business</b> 21 Suite Apt. # etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> <b>04/25/1990</b>	<b>3a. Date of Last Report</b> <b>05/01/1996</b>
		<b>4. FEI Number</b> <b>65-0185783</b>		Applied For <input type="checkbox"/> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>GALFOND, DAVID C.</b> <b>8 SOUTH SEWALL'S POINT ROAD</b> <b>STUART FL 33499</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMELLINI, RICHARD	1.2 NAME	Armellini, Richard
STREET ADDRESS	3271 S.W. WATER EDGE WAY	1.3 STREET ADDRESS	1190 S. W. Dyer Point Road
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLASON, JOHN J.	2.2 NAME	
STREET ADDRESS	1149 S.W. HOGAN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMELLINI, WILLIAM	3.2 NAME	
STREET ADDRESS	5749 MAPP ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMELLINI, STEPHEN	4.2 NAME	
STREET ADDRESS	6820 APPALOOSA TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMELLINI, DAVID	5.2 NAME	
STREET ADDRESS	4994 LAKE GROVE CIR., SW	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSHARM, JUDITH	6.2 NAME	
STREET ADDRESS	1757 S.W. CRANE CREEK CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	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:** \_\_\_\_\_ **4-22-97** **561-287-0575**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: m: Phone #