


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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L67956** (7)
1. Corporation Name
CARGOMAR, INC.

Principal Place of Business
**P. O. BOX 678
PALM CITY FL 34990**

Mailing Address
**P. O. BOX 678
PALM CITY FL 34990**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 P.O. Box 678 27 Suite, Apt. #, etc. 28 City & State 29 Palm City, FL 29 Zip Country 30 34991-0678 US		3. Date Incorporated or Qualified 04/25/1990	
				4. FEI Number 65-0185783 Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD NAME ARMELLINI, RICHARD STREET ADDRESS 1190 S.W. DYER POINT RD. CITY-ST-ZIP PALM CITY FL	1.1 TITLE	SD NAME Armellini, Richard STREET ADDRESS 2671 Meadow Wood Court CITY-ST-ZIP Weston, FL 33332
TITLE	T NAME NICHOLASON, JOHN J. STREET ADDRESS 1149 S.W. HOGAN STREET CITY-ST-ZIP PORT ST. LUCIE FL	2.1 TITLE	
TITLE	PD NAME ARMELLINI, WILLIAM STREET ADDRESS 5749 MAPP ROAD CITY-ST-ZIP PALM CITY FL	2.2 NAME	
TITLE	D NAME ARMELLINI, STEPHEN STREET ADDRESS 6820 APPALOOSA TRAIL CITY-ST-ZIP FORT LAUDERDALE FL	2.3 STREET ADDRESS	
TITLE	D NAME ARMELLINI, DAVID STREET ADDRESS 4904 LAKE GROVE CIR., SW CITY-ST-ZIP PALM CITY FL	2.4 CITY-ST-ZIP	
TITLE	D NAME DUSHARM, JUDITH STREET ADDRESS 1757 S.W. CRANE CREEK CIRCLE CITY-ST-ZIP PALM CITY FL	3.1 TITLE	PD NAME Armellini, William STREET ADDRESS 3023 S.E. River Terrace CITY-ST-ZIP Stuart, FL 34996
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	D NAME Armellini, David STREET ADDRESS 2905 S.W. Gull Harbor Lane CITY-ST-ZIP Palm City, FL 34990
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I 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 in an attachment, with an address.

SIGNATURE: *Richard Armellini* **RICHARD ARMELLINI** 3/25/98 561-287-0575

CR2E034 (10/97)