

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90049 028 ***158.75

0519512

DOCUMENT # L67956

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

3. Date Incorporated or Qualified

04/25/1990

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 owes the current year Intangible
Personal Property Tax.



Yes

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME ARMELLINI, RICHARD
STREET ADDRESS 2671 MEADOW WOOD CT
CITY-ST-ZIP WESTON FL 33332

DELETE

TITLE T
NAME NICHOLASON, JOHN J.
STREET ADDRESS 1149 S.W. HOGAN STREET
CITY-ST-ZIP PORT ST. LUCIE FL

DELETE

TITLE PD
NAME ARMELLINI, WILLIAM
STREET ADDRESS 3023 SE RIVER TERR
CITY-ST-ZIP STUART FL 34996

DELETE

TITLE D
NAME ARMELLINI, STEPHEN
STREET ADDRESS 6820 APPALOOSA TRAIL
CITY-ST-ZIP FORT LAUDERDALE FL

DELETE

TITLE D
NAME ARMELLINI, DAVID
STREET ADDRESS 2905 SW GULF HARBOR LN
CITY-ST-ZIP PALM CITY FL 34990

DELETE

TITLE D
NAME DUSHARM, JUDITH
STREET ADDRESS 1757 S.W. CRANE CREEK CIRCLE
CITY-ST-ZIP PALM CITY FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD
1.2 NAME ARMELLINI, RICHARD
1.3 STREET ADDRESS 2453 PROVENCE CIRCLE
1.4 CITY-ST-ZIP WESTON, FL 33327

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

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-99 561-287-0575

CR2E034 (1/98)