## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

M60048

(9)

SEAROARD	<b>TRANSPORTATION</b>	QED\/ICEQ	INC
SEKDUKNU	THAINGFUNIATION	SENVICES:	INC.

Principal Place of Business Mailing Address

9350 SOUTH DIXIE HIGHWAY. SUITE 900
MIAMI FL 33156

Miami FL 33156

Miami FL 33156



MIAMI IL S	3130	MIAMI PL 33136						
					3. Date Incorporated or Qualified	3a. Date of La	st Report	
					10/01/1987	02/17	/1995	
<b>├</b> ──┐	flace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21	H etc.	26			65-0005683		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional	
City & Stat	ρ	City & State					ee Required	
23		28		<b>.</b>	Election Campaign Financing     Trust Fund Contribution		5.00 May Be	
Zφ	Country	Zip	Count	rv	8. This corporation has liability for			
24	25	29	30	•		□ No	61 8 199.002,	
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agen	I	
			8	1 Name				
PUCK,	ROBERT J.		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	va)		
9350 S. DIXIE HIGHWAY, SUITE 900			Ľ	- Street Add	a Address (* . c. pox rightines is that Addeptione) (			
MIAMI I	FL 33156		8	3				
				4 City		85	Zip Code	
			-	1,		- FL.	'	
l orregiste	to the provisions of Sections 607.050 red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	ida. Such change was authoriz	ed by the co	named corporporation's boa	oration submits this statement for the pur and of directors. Thereby accept the appli	pose of changing pointment as regist	its registered office ered agent. I am	
SIGNATURE								
	Signature, typed or printed harrie of registered ager		FIL Registered Aç	pent signature require		DATE		
12. TITLE	T	VD DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFF			
	CD	□ DELETE	1. 1 100			Cha	nge 🔲 Addition 🗦	
NAME	BLANK, MARK		1.2 NAM				7	
STREET ADDRESS	9350 S. DIXIE HWY, #900		13 STRE	ET ADDRESS			[	
CITY-\$1-ZIP	MIAMI FL	P3 bevere	14 CHY				[	
TITLE	PD	DECETE	2 1 THTU			Cha	nge 🔲 Addition 🏻 🤇	
NAME	BLANK, ANDY		2.2 NAM					
STREET ADDRESS	9350 S. DIXIE HWY, #900			ET ACORESS				
CITY-ST-ZIP	MIAMI FL	FT DELETE	2 4 CITY					
TITLE NAME	VD	☐ DELETE	3. 1 TITU	*		Cha	nge 🗌 Addition	
	BLANK, TONY		3.2 NAM				i	
STREET ADDRESS CITY-ST-ZIP	9350 S. DIXIE HWY, #900			ELL ADDRESS				
TITLE	MIAMI FL ST	DELETE	3.4 C/TY-			☐ Chai	nge	
NAME	PUCK, ROBERT J.	_] been	4.2 NAM		والمناسب القدارينا والمناس والمناس والمناس والمناس		· —	
STREET ADDRESS	9350 S. DIXIE HWY, #900				<b>8000018</b> 0 -05/14/96010	រីគឺម៉ើនិទ	;	
CITY-SI-ZIP	MIAMI FL			ET ADDRESS		115033		
TITLE	MINNYII FL	DELETE	4.4 CITY - 5 1 TITU		***200.00	□ Chai	nge	
NAME	ì	L. OCCCIT	5.2 NAM			□ cuai	ige [_] Addition	
STREET ADDRESS			1	EL ADDRESS				
CITY-ST-ZIP								
TITLE		☐ DELETE	5.4 CiTY 6.1 TiTu			Chai	nge	
NAME	]	Lad Second	6 2 NAM	1		□ Cilai	ide Manipolt	
STREET ADDRESS	1			ET ADORESS			221	
CITY-ST-ZIP				i			5	
VIII OI CII	<u> </u>		6.4 CITY	- 51 - ZIF				

1. 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)(k), Florida Statutes. I further certify that the information indicated cryft's ennual 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 girporation 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 charges on an attachment, the an address

SIGNATURE:

AND TYPE D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(10) 6/0-17/1 Daytime Prione #