

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P39712 (5)

1. Corporation Name

HELLMANN TRANSPORT SERVICES, INC.



Principal Place of Business

Mailing Address

8100 NW 68TH STREET
MIAMI FL 33166
US

1500 W. CARSON STREET
LONG BEACH CA 90810
US

2. Principal Place of Business

2a. Mailing Address

21 17450 DORAL BOULEVARD

26 10450 DORAL BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI FL

28 MIAMI FL

24 Zip

25 Country

29 Zip

30 Country

33178

US

33178

US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 of person authorized to sign this report and the corporation

Signature of person authorized to sign this report and the corporation

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTD	BORGESON, GREGG	1500 W. CARSON ST., #202	LONG BEACH CA	☐
AS	OUTWIN	1500 W. CARSON STREET	LONG BEACH FL	☐
S	LOGAN, DAVID	1500 W CARSON ST 202	LONG BEACH CA	☐
D	HELLMAN, KLAUS	1500 W. CARSON ST., #202	LONG BEACH CA	☐
D	HELLMAN, JOST	1500 W. CARSON ST., #202	LONG BEACH CA	☐
AC	HENDERSON, CAROL	1500 E CARSON ST 202	LONG BEACH CA	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	☒	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	☒	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	☒	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	☒	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	☒	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	☒	☐

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)(k), 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:

DA. LOGAN.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

306 592-3985

Date

Signature of Person

CR2E034 (12/95)