

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000049366 (6)**

1. Corporation Name  
**M & R CARTAGE, INC.**



Principal Place of Business

Mailing Address

~~2973 NW 71ST ST~~  
MIAMI FL 33147  
US

2973 NW 71ST ST  
MIAMI FL 33147  
US

2. Principal Place of Business

2a. Mailing Address

21 **2973 NW 71st Street**

26 Street, Apt. #, etc.

22 Suite, Apt. #, etc.

27 City & State

23 City & State

28 Zip

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**FELDMAN, MINDY A CPA  
500 NE SPANISH RIVER BLVD  
STE 205  
BOCA RATON FL 33431**

3. Date Incorporated or Qualified

**07/15/1993**

3a. Date of Last Report

**07/18/1995**

4. FEI Number

**65-0423306**

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 has liability for intangible tax under s. 199.032, Florida Statutes



10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**500 NE SPANISH RIVER BLVD**

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1406, 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 I accept the obligations of, Sections 607.0902 and 607.1406, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>GREENFIELD, AUREA</b>	
STREET ADDRESS	<b>502 NORTHWEST 97TH AVE.</b>	
CITY, ST, ZIP	<b>PLANTATION FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GREENFIELD, EMMETT</b>	
STREET ADDRESS	<b>502 NORTHWEST 97TH AVENUE</b>	
CITY, ST, ZIP	<b>PLANTATION FL 33324</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY, ST, ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY, ST, ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY, ST, ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	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 certificate is part of my official annual report as required by law 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 in process thereof and that 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 attached list with an addressee.

SIGNATURE: *Aurea Greenfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**AUREA GREENFIELD  
VICE PRESIDENT**

**3-27-96**  
DATE  
**800-656-5454**  
TELEPHONE NUMBER

CR2E034 (12/95)