

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000057297 (2)

1. Corporation Name: **S. P. FREIGHT & SHIPPING, INC.**



Principal Place of Business: **4131 NW 132ND ST OPA LOCKA FL 33054**
Mailing Address: **4131 NW 132ND ST OPA LOCKA FL 33054**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1993	3a. Date of Last Report 02/22/1995
21. State, Apt. #, etc.	22. City & State	26. State, Apt. #, etc.	27. City & State	4. FEI Number 65-0431320	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
g. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**PITTERS, SONIA
4131 NW 132ND ST
OPA LOCKA FL 33054**

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 (2)(b) 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607, Florida Statutes.

SIGNATURES		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP PITTERS, SONIA 4131 NW 132ND ST OPA LOCKA FL 33054		2. NAME	
	<input type="checkbox"/> DELETE	3. STREET ADDRESS	
		4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5. TITLE	
		6. NAME	
		7. STREET ADDRESS	
	<input type="checkbox"/> DELETE	8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		9. TITLE	
		10. NAME	
		11. STREET ADDRESS	
	<input type="checkbox"/> DELETE	12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		13. TITLE	
		14. NAME	
		15. STREET ADDRESS	
	<input type="checkbox"/> DELETE	16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		17. TITLE	
		18. NAME	
		19. STREET ADDRESS	
	<input type="checkbox"/> DELETE	20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, was the person above named with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sonia Pitters* **Sonia Pitters** *VP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)