

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000019850 (4)**

1. Corporation Name

INTERCO LOGISTICS, INC.



Principal Place of Business

Mailing Address

13396 SW 128TH STREET
MIAMI FL 33186
US

13396 SW 128TH ST.
MIAMI FL 33186
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/10/1994

3a. Date of Last Report

08/09/1995

4. FEI Number

65-0475809

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

Yes

No

10. Name and Address of New Registered Agent

NOTHDURFT, CHARLES
13396 SW 128TH STREET
MIAMI FL 33186

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 types printed name of officer, director and their agent only

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PVST NOTHDURFT, CHARLES 13396 SW 128TH STREET MIAMI FL DELETE

VD CREIGHTON, JAMES 13396 SW 128TH ST. MIAMI FL DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2 1 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3 1 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4 1 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5 1 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6 1 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 furnished 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; change, addition or an appointment with an address

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 (305) 234-6627
Date Telephone #

CR2E034 (12/95)