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Mar 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000046509 (3)

1. Corporation Name  
SHORTWAY LINES OF FLORIDA, INC.

Principal Place of Business  
177 NORTHWEST 18 AVENUE  
FORT LAUDERDALE FL 33312

Mailing Address  
P.O. BOX 1197  
FT. LAUDERDALE FL 33302-1197  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1994		3a. Date of Last Report 04/15/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0525512		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BLUMKIN, CHARLES S.  
3210 EMERALD POINTE DRIVE APT. 103A  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name  
82 Street  
83  
84 City  
85 State  
86 Zip Code

2101 N 51st Ave  
Hollywood  
FL 33021

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 Charles S. Blumkin (Pres) DATE 3/31/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	BLUMKIN, CHARLES S	1.2 NAME	
STREET ADDRESS	BOX 1197	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	ANGELINO, MICHAEL J.	2.2 NAME	
STREET ADDRESS	3095 SW 15TH STREET, #204	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPAHO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	BLUMKIN, LISA SUSAN	3.2 NAME	
STREET ADDRESS	2208 N. 45TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 unchanged, or on an attachment with an address.

SIGNATURE: Charles S. Blumkin DATE: 3/31/97 DAYTIME PHONE: 954-523-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CFR2034 (9/96)