

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000071602 (4)

1. Corporation Name  
**F.B.N. FREIGHT COMPANY**

Principal Place of Business: **7925 NORTHWEST 12 STREET, SUITE 227 MIAMI FL 33152**  
Mailing Address: **7925 NORTHWEST 12 STREET, SUITE 227 MIAMI FL 33152**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21** Suite, Apt. #, etc.  
**22** City & State: **MIAMI, FL**  
**23** Zip: **33152-6766**  
**24** Country: **25** Country: **26** Mailing Address: **P.O. BOX 526663**  
**27** State, Apt. #, etc.  
**28** City & State: **MIAMI, FL**  
**29** Zip: **33152-6766**  
**30** Country

3. Date Incorporated or Qualified: **09/29/1994**  
3a. Date of Last Report  
4. FEI Number: **65-0523269**  
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. 199.03?, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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 607.0502 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

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>MARKS, JAY D</b>
STREET ADDRESS	<b>7925 NORTHWEST 12 STREET, SUITE 227</b>
CITY-ST-ZIP	<b>MIAMI FL 33152</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change  Addition  
11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
 Change  Addition  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
 Change  Addition  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
 Change  Addition  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
 Change  Addition  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

**300001788389**  
**-04/22/96--01028--022**  
**\*\*\*225.00**

**300001788389**  
**-04/22/96--01028--022**  
**\*\*\*200.00**

**4-20-96**

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, unchanged or on an attachment with an address

SIGNATURE: **PREs**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96