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Jan 29 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 # P95000044477 (4)

1. Corporation Name

SUN-COR AIR CARGO SERVICE, INC.

Principal Place of Business

6040-A JETPORT INDUSTRIAL BLVD
TAMPA FL 33634

Mailing Address

6040-A JETPORT INDUSTRIAL BLVD
TAMPA FL 33634-5180

3. Date Incorporated or Qualified
06/01/1995

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

21 12529 CASTLE HILL DR.
Suite, Apt. #, etc.

22 City & State

23 TAMPA, FLORIDA

24 33624 25 USA

2a. Mailing Address

26 12529 CASTLE HILL DR.
Suite, Apt. #, etc.

27 City & State

28 TAMPA, FLORIDA

29 33624 30 USA

4. FEI Number

59-3318819

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

9. Name and Address of Current Registered Agent

FUCHS, CORINNE B
6040-A JETPORT INDUSTRIAL BLVD
TAMPA FL 33634

NOW 12529 CASTLE HILL DR:
TAMPA, FL: 33624

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 CORINNE B. FUCHS

Signature, typed or printed name of registered agent and fee. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
NAME FUCHS, CORINNE B
STREET ADDRESS 12529 CASTLE HILLS DR
CITY-ST-ZIP TAMPA FL 33624-2854

TITLE D DELETE
NAME FUCHS, ISER
STREET ADDRESS 12529 CASTLE HILLS DR
CITY-ST-ZIP TAMPA FL 33624-2854

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORINNE B. FUCHS

Date

*813-963-5805

CR2E034 (9/96)