

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000053350 (1)**

1. Corporation Name  
**BLACK CAT EXPRESS, INC.**



Principal Place of Business <b>1430 PINEY BRANCH CIRCLE VALRICO FL 33594</b>	Mailing Address <b>P. O. BOX 1426 VALRICO FL 33595-1426 US</b>
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2. Principal Place of Business 21 <b>518 E. WASHINGTON</b> Suite, Apt. #, etc. 22 <b>WINCHESTER IN</b> City & State 23 Zip 24 <b>47394</b>		2a. Mailing Address 26 <b>PO BOX 2</b> Suite, Apt. #, etc. 27 City & State 28 <b>WINCHESTER IN</b> Zip 29 <b>47394</b>		3. Date Incorporated or Qualified <b>06/28/1995</b>		3a. Date of Last Report <b>04/30/1996</b>	
Country 25 <b>RANDOLPH</b>		Country 30 <b>RANDOLPH</b>		4. FEI Number <b>59-3341294</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				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 <b>ROOSA, SHIRLEY 1430 PINEY BRANCH CIRCLE VALRICO FL 33594</b>				10. Name and Address of New Registered Agent 81 Name <b>MAUREEN BRADY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3803 SOUTHVIEW DR.</b> 83 84 City <b>BRANDON</b> FL 85 Zip Code <b>33611</b>			
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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 Maureen D Brady Maureen Brady 3-24-97  
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ROOSA, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>1430 PINEY BRANCH CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ROOSA, SHIRLEY</b>	2.2 NAME	
STREET ADDRESS	<b>1430 PINEY BRANCH CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address.

SIGNATURE: Dave Roosa DAVE ROOSA PRES 3-24-97 317-584-2355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)