

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

FILED

**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000053350 (1)
1. Corporation Name
BLACK CAT EXPRESS, INC.



Principal Place of Business 1430 PINEY BRANCH CIRCLE VALRICO FL 33594	Mailing Address P. O. BOX 1426 VALRICO FL 33595-1426 US
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3. Date Incorporated or Qualified 06/28/1995	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business 21 518 E. WASHINGTON Suite, Apt. #, etc. 22 WINCHESTER IN City & State 23 Zip 24 47394 Country 25 RANDOLPH	2a. Mailing Address 26 PO BOX 2 Suite, Apt. #, etc. 27 City & State 28 WINCHESTER IN Zip 29 47394 Country 30 RANDOLPH	4. FEI Number 59-3341294 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent ROOSA, SHIRLEY 1430 PINEY BRANCH CIRCLE VALRICO FL 33594	10. Name and Address of New Registered Agent 61 Name MAUREEN BRADY 62 Street Address (P.O. Box Number is Not Acceptable) 3803 SOUTHVIEW DR. 63 64 City BRANDON FL 65 Zip Code 33611
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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, 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	D ROOSA, DAVID	1.2 NAME	
STREET ADDRESS	1430 PINEY BRANCH CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ROOSA, SHIRLEY	2.2 NAME	
STREET ADDRESS	1430 PINEY BRANCH CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	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 typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)