

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000053538 (1)

1. Corporation Name

PRECIOUS CARGO CONSIGNMENTS, INC.



Principal Place of Business

**8016 APPLEHILL CT
ORLANDO FL 32810**

Mailing Address

**8016 APPLEHILL CT
ORLANDO FL 32810**

2. Principal Place of Business

2a. Mailing Address

21 1909 N. Orange Ave

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando, FL

28 City & State

24 Zip Country

29 Zip Country

25 32804

30

9. Name and Address of Current Registered Agent

**SMITH, KATHLEEN J
8016 APPLEHILL CT
ORLANDO FL 32810**

3. Date Incorporated or Qualified

07/03/1995

3a. Date of Last Report

n/a

4. FEI Number

59-3324352

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D SMITH, KATHLEEN J
8016 APPLEHILL CT
ORLANDO FL 32810**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D AGER, KELLY S
24 W SPRUCE ST
ORLANDO FL 32804**

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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, if changed, or on an attachment with an address.

SIGNATURE:

Kathleen J. Smith

Kathleen J. Smith

4-29-96 (407) 896-8505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)