

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

FILED

Apr 23 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 # **P95000057545 (2)**

1. Corporation Name
MAGIC BOX TRANSPORT, INC.



Principal Place of Business 11107 NW 38 ST SUNRISE FL 33351-7586	Mailing Address 11107 NW 38 ST SUNRISE FL 33351-7586
--	--

3. Date Incorporated or Qualified 07/25/1995	3a. Date of Last Report 04/29/1996
--	--

2. Principal Place of Business 21 173 Bob Davis Road Suite, Apt. #, etc. 22 City & State 23 Sparta, TN Zip 24 38583	2a. Mailing Address 26 173 Bob Davis Road Suite, Apt. #, etc. 27 City & State 28 Sparta, TN Zip 29 38583	4. FEI Number 65-0600041 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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---	---	---	---

9. Name and Address of Current Registered Agent

**SHOEMAKER, RICHARD L
2050 E OAKLAND PARK BLVD
SUITE 202
FT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CECIL, CHRISTIAN L	1.2 NAME	
STREET ADDRESS	11107 NW 38 ST	1.3 STREET ADDRESS	173 Bob Davis Road
CITY-ST-ZIP	SUNRISE FL 33351-7586	1.4 CITY-ST-ZIP	Sparta, TN 38583
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CECIL, ELIZABETH A	2.2 NAME	
STREET ADDRESS	11107 NW 38 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351-7586	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D Carolyn Reynolds
STREET ADDRESS		3.3 STREET ADDRESS	173 Bob Davis Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sparta TN 38583
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:

Carolyn S. Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROLYN S. REYNOLDS

4-14-97

Date

(615) 7383940

Daytime Phone #

0291231

CR2E034 (9/96)