SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0114416

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 OCT -9 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000057545 (2)

1. Corporation Name
MAGIC BOX TRANSPORT, INC.

Principal Place of Business	Mailing Address
173 BOB DAVIS ROAD SPARTA TN 38583 US	173 BOB DAVIS ROAD SPARTA TN 38583 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 823 ENGLEWOOD RD
Suite, Apt #, etc.
22 APT.# 11
City & State
23 MADISONVILLE, TN
Zip 24 37354 Country 25 USA

2a. Mailing Address
26 P.O. BOX 935
Suite, Apt #, etc.
27
City & State
28 MADISONVILLE, TN
Zip 29 37354 Country 30 USA

3. Date Incorporated or Qualified
07/25/1995

4. FEI Number
65-0600041
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] 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 SHOEMAKER, RICHARD L
82 Street Address (P.O. Box Number is Not Acceptable) 4331 NORTH FEDERAL HWY
83 SUITE 405
84 City FT LAUDERDALE, FL FL 85 Zip Code 33308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME CECIL, CHRISTIAN L STREET ADDRESS 173 BOB DAVIS ROAD CITY-ST-ZIP SPARTA TN	[ ] DELETE	1.1 TITLE P 1.2 NAME CECIL, CHRISTIAN L 1.3 STREET ADDRESS 823 ENGLEWOOD RD #11 1.4 CITY-ST-ZIP MADISONVILLE, TN 37354	[X] Change [ ] Addition
TITLE D NAME REYNOLDS, CAROLYN STREET ADDRESS 173 BOB DAVIS ROAD CITY-ST-ZIP SPARTA TN	[X] DELETE	2.1 TITLE S 2.2 NAME MAXWELL, TAMMY L 2.3 STREET ADDRESS 823 ENGLEWOOD RD #11 2.4 CITY-ST-ZIP MADISONVILLE, TN 37354	[X] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

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14. I 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: Christian L Cecil CHRISTIAN L CECIL 10/15/1998

CR2E034 (5/98)