

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
**Jul 17 1996 8:00 am**  
**Secretary of State**

DOCUMENT # **PA5000070129**

1. Corporation Name  
**Caribbean Cargo, Inc.**

Principal Place of Business  
**5904 18th St. E.  
Ellenton, FL.  
34222**

Mailing Address  
**P.O. Box 1490  
TALLAHASSEE, FL.  
34270**

3. Date Incorporated or Qualified **11 Sept. 95** 3a. Date of Last Report **4 Dec. 95**

2. Principal Place of Business  
21 **5904 18th St. E.**

2a. Mailing Address  
26 **P.O. Box 1490**

4. FE Number **65-0615701**

August Fee  
Not Applicable

22 City & State  
23 **Ellenton, FL.**

27 City & State  
28 **Tallahassee, FL.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Director Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **34222** 25 **Manatee**

29 **34270** 30 **Sarasota**

8. This corporation has liability for intangible tax under s. 190.03, Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LYNN E. SCHELLHORN  
2306 51st St. Ave. Terr. W.  
Bradenton, FL.  
34207**

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

11. Pursuant to the provisions of s. 607.01, Florida Statutes, the above named corporation submits this statement for the purpose of clearing its registered office of record and reporting to the Secretary of State. This statement was authorized by the corporation's board of directors. The responsibility for this report is the responsibility of the agent. I am familiar with the contents of this report and I declare that it is true and correct.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>DIRECTOR/SECRETARY</b>	<input checked="" type="checkbox"/>
NAME	<b>MICHAEL DEIGNAN</b>	
STREET ADDRESS	<b>5219 N. Catherine St.</b>	
CITY, STATE, ZIP	<b>Plattsburg, N.Y. 12901</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/>
NAME	<b>TERRENCE SEXTON</b>	
STREET ADDRESS	<b>15 Hymenow Rd.</b>	
CITY, STATE, ZIP	<b>Moxvossville, N.Y. 12962</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/>
NAME	<b>John A. Goodrich</b>	
STREET ADDRESS	<b>597 Bay View Dr.</b>	
CITY, STATE, ZIP	<b>Longboat Key, FL. 34228</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONAL OFFICERS TO BE CLEARLY IDENTIFIED

TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/>
NAME	<b>BONNIE WIEDEMAN</b>	
STREET ADDRESS	<b>2306 16th Ave W.</b>	
CITY, STATE, ZIP	<b>Bradenton, FL. 34205</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

**500001897485**  
**-07/18/96--01013--015**  
**\*\*\*233.75**

SIGNATURE:

*L.E. Schellhorn*  
SIGNATURE AS TYPED OR PRINTED NAME OF SIGNING OFFICER (FOR DIRECTOR)

15 July 96

941  
758 4993

*OPD*  
*7/17/96*

CR2E034 (3/96)