


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

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Sep 02 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 # P95000070129 (8)

1. Corporation Name
CARIBBEAN CARGO, INC.



Principal Place of Business 5904 18TH ST. EAST ELLENTON FL 34222	Mailing Address P.O. BOX 1490 TALLAVAST FL 34270-1490
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2. Principal Place of Business 21 5315 FOX RUN RD. Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/11/1995	3a. Date of Last Report 12/04/1996
22 City & State 23 SARASOTA, FL.		27 City & State 28		4. FEI Number 65-0615701	Applied For Not Applicable
24 34231		25		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHELLHORN, LYNN E 5904 18TH ST. EAST ELLENTON FL 34222				10. Name and Address of New Registered Agent	
				81 Name SCHELLHORN LYNN E.	
				82 Street Address (P.O. Box Number is Not Acceptable) 5315 FOX RUN RD.	
				83	
				84 City SARASOTA	85 Zip Code FL 34231

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *L. E. Schellhorn* L. E. SCHELLHORN 27 AUG. 97
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 NAME STREET ADDRESS CITY-ST-ZIP	S WIEDEMAN, BONNIE 2306 18TH AVE. W. BRADENTON FL 34205	<input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VP DONNELLY, ED 2366 TANGERINE DR. SARASOTA, FL. 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHELLHORN, LYNN E 5315 FOX RUN RD. SARASOTA FL 34231	<input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODWARD, JAMES L 2531 GRAND CAYMAN ST. SARASOTA FL 34231	<input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLMES, JAMES 5315 FOX RUN RD. SARASOTA FL 34511	<input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITEHEAD, AL 509 S. LARRY CIRCLE BRANDON FL 33511	<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANDRY, DUREL 9 GLEN LOOP COVINGTON LA 70435	<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *L. E. Schellhorn* L. E. SCHELLHORN 27 AUG. 97

CR2E034 (9/96)