


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

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name <i>Cell Block Trucking Inc.</i> <i>P95000073003</i>					
Principal Place of Business			Mailing Address		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <i>State FL</i> Suite, Apt. #, etc.			2a. Mailing Address 26 <i>10401 W BROWARD BLVD</i> Suite, Apt. #, etc. 27 <i>203</i>		
22 City & State 23 <i>Plantation FL</i>			28 City & State 29 <i>Plantation FL</i>		
24 Zip 25 <i>33324</i>			29 Zip 30 <i>USA</i>		
3. Date Incorporated or Qualified <i>Oct 3, 1995</i>					
4. FEI Number <i>65-0610431</i>					
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent					
10. Name and Address of New Registered Agent					
81 Name <i>Paul Liguano</i>					
82 Street Address (P.O. Box Number is Not Acceptable) <i>10401 W BROWARD BLVD</i>					
83 <i># 203</i>					
84 City <i>Plantation</i> FL 85 Zip Code <i>33324</i>					
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 <i>[Signature]</i> DATE <i>2-23-98</i>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE <input type="checkbox"/> DELETE					
12 NAME <i>U. P. Deborah Liguano</i>					
13 STREET ADDRESS <i>1800 TERRACE LAKE DR</i>					
14 CITY - ST - ZIP <i>LAWRENCEVILLE GA 30045</i>					
21 TITLE <input type="checkbox"/> DELETE					
22 NAME					
23 STREET ADDRESS					
24 CITY - ST - ZIP					
31 TITLE <input type="checkbox"/> DELETE					
32 NAME					
33 STREET ADDRESS					
34 CITY - ST - ZIP					
41 TITLE <input type="checkbox"/> DELETE					
42 NAME					
43 STREET ADDRESS					
44 CITY - ST - ZIP					
51 TITLE <input type="checkbox"/> DELETE					
52 NAME					
53 STREET ADDRESS					
54 CITY - ST - ZIP					
61 TITLE <input type="checkbox"/> DELETE					
62 NAME					
63 STREET ADDRESS					
64 CITY - ST - ZIP					
000002446410 <input type="checkbox"/> Change <input type="checkbox"/> Addition -03/04/98--01011--013 <i>PE</i> ***150.00 <i>3.3</i>					
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: <i>[Signature]</i> <i>Pres.</i> <i>2-23-98</i> <i>770 513 9506</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/97)