

FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90038 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1998-1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *P95000073003*  
 1. Corporation Name **Cell Block Trucking Inc.**

Principal Place of Business Mailing Address  
 10401 W. Broward Blvd #203  
 Plantation, Florida 33324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10401 W. Broward Blvd 203		2a. Mailing Address 10401 W. Broward Blvd 203		3. Date Incorporated or Qualified 1992		4. FEI Number 65-0610431		Applied For Not Applicable	
22. Suite, Apt. #, etc. #203		26. Suite, Apt. #, etc. #203		5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State Plantation, Fl		27. City & State Plantation, Fl		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip 33324		25. Country USA		29. Zip 33324		30. Country USA		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

Paul A. Liccardo  
 10401 W. Broward Blvd #203  
 Plantation, Fl 33324

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

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	Vice President <input checked="" type="checkbox"/> DELETE	11 TITLE	Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah L. Liccardo	12 NAME	Donna M. Liccardo
STREET ADDRESS	1820 Terrace Lake Dr Atl, Ga 30043	13 STREET ADDRESS	1404 Hada Lane
CITY-ST-ZIP		14 CITY-ST-ZIP	Lawrenceville, Ga 30043-7218
TITLE	President <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul A. Liccardo	22 NAME	
STREET ADDRESS	10401 W. Broward Blvd #203	23 STREET ADDRESS	
CITY-ST-ZIP	Plantation, Fl 33324	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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:** Paul A. Liccardo President

4-12-99

800-509-8091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da... (unclear)

CR2E034 (10/97)