

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000000998 (0)

1. Corporation Name

FREIGHT FORWARDERS OF FLORIDA, INC.

Principal Place of Business

10255 GENERAL DRIVE
SUITE A3
ORLANDO FL 32824

Mailing Address

P.O. BOX 62077
ORLANDO FL 32862



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/26/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0639514	
24 Country		29 Country		Applied For	
				Not Applicable	
				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

CLARK, JEFF B ESQ.
105 E. ROBINSON STREET, SUITE 301
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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	
<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PD	1.1 TITLE	
NAME	JONES, LANCE E	1.2 NAME	
STREET ADDRESS	10255 GENERAL DRIVE, SUITE A3	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	PTD
NAME	CULLEN, RICHARD C SR.	2.2 NAME	CULLEN, RICHARD C. SR.
STREET ADDRESS	10255 GENERAL DRIVE, SUITE A3	2.3 STREET ADDRESS	10255 GENERAL DRIVE, SUITE A3
CITY-ST-ZIP	ORLANDO FL 32824	2.4 CITY-ST-ZIP	ORLANDO FL 32824
TITLE	STD	3.1 TITLE	VPD
NAME	CULLEN, RICHARD C III	3.2 NAME	CULLEN, RICHARD C II
STREET ADDRESS	10255 GENERAL DRIVE, SUITE A3	3.3 STREET ADDRESS	10255 GENERAL DR. SUITE A3
CITY-ST-ZIP	ORLANDO FL 32824	3.4 CITY-ST-ZIP	ORLANDO FL 32824
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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; that the register or justice has reviewed 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 affidavit.

SIGNATURE:

VPD-PUES10457 2/11/97 (407) 4382111

CP2E034 (10/97)