


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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90133 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000012238

1. Corporation Name
STARFLYER FREIGHT FORWARDERS INC.

Principal Place of Business 4301 32ND STREET WEST STE C-8 BRADENTON FL 34205	Mailing Address POST OFFICE BOX 254 BRADENTON FL 34206-0254
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>541 Magellan Dr.</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>541 Magellan Dr.</u> Suite, Apt. #, etc.
22	27
23 City & State <u>Sarasota, FL</u>	28 City & State <u>Sarasota, FL</u>
24 Zip <u>34243</u>	25 Country <u>Manatee</u>
29 Zip <u>34243</u>	30 Country <u>Manatee</u>

3. Date Incorporated or Qualified 02/05/1996	
4. FEI Number 65-0640126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

AMES, HERBERT W
 4301 32ND STREET WEST STE C-8
 BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <u>541 Magellan Dr.</u>
83
84 City <u>Sarasota</u> FL 85 Zip Code <u>34243</u>

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AMES, HERBERT W	
STREET ADDRESS	4301 32ND STREET WEST STE C-8	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	DEJAAGER, FREDERICK D	
STREET ADDRESS	4301 32ND STREET WEST STE C-8	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<u>541 Magellan Dr.</u>
1.4 CITY-ST-ZIP	<u>Sarasota, FL 34243</u>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<u>4107 Royal Palm Dr. W.</u>
2.4 CITY-ST-ZIP	<u>Bradenton, FL 34210</u>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: [Signature] **1/25/99** **941/758-4813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)