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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF TALE Sandra B. Marthan.

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000016477 (7)

C & B MORICE TRANSPORT, INC.



97 JUN 25 MM 8: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA



•	Al Place of Business Mailing Address  EENWAY DRIVE #1004 3850 GREENWAY DRIVE #1004  TA FL 34232 SARASOTA FL 34232-1564				# #E8/1899/ 118 18/19 81/11 89/11 89/11 89/11 89/11 9/11		
					3. Date Incorporated or Qualified 02/22/1996	3a. Date of La	st Report
2. Principal Pl	ace of Business  N. TURTLE AVE.	28. Mailing Address 26 7 9 5 1 N. TUR	TLE.	ANF.	4. FEI Number 46844		Applied For Not Applicable
Sulte, Apt. #, etc. Suita, Apt. #, etc. 27			1		5. Certificate of Status Desired	, , , , ,	5 Additional Required
City & State			A.I.	touion	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.</b>	00 May Be
720 160 1/3 Country 740 1/3 Coc			Country	A	8. This corporation has liability for in	tangible tax und	
24 7 7 7 9 25 7 3 7 29 3 7 29 3 7 30 7 30 8. Name and Address of Current Registered Agent					Florida Statutes		
พกคื	ICE, CARLOS R	<u> </u>	81 1	Vame			
- 3850 GREENWAY DRIVE #1004			82	<b>AD</b> (0) A L L L L L L L L L L L L L L L L L			
SARASOTA FL 34232			02	street Addre	eet Address (P.O. Box Number is Not Acceptable)		
			83				
•			84 (	City		85	7in Code
11. Pursuant t	o the provisions of Sections 607.0502 a	and 607 1508 Florida Statutes 1	tio above n	amed corne	pration cultimite this statement for the nu	FL "	ag its registered
office or re	egistered agent, or both, in the State of mailiar with, and accept the obligation	Florida, Such change was author	orized by th	e corporation	on's board of directors. Thereby accep	t the appointmen	t as registered
	mianimai with, and accept the obligant	ons or, Section our Joses, Monda	i Sidiutes.				1
SIGNATURE	Signature, typed or printed name of registered agont a	nd title II applicable. (NO1E: Reg	gistored Agent s	signature requirer	d when roinstaling)	DA1E.	
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICE		<u></u>
TITLE	PTD	☐ DELETE	1.1 TITLE		والمناف والمدار والمام والمناو والمناور والمناور	. Char	
NAME	MORICE, CARLOS R		1.2 NAME		5000,02	67	
STREET ADDRESS	3850 GREENWAY DRIVE #1004		1.3 STREET ADDRESS		****16	5101003 5 88	*165.00   8
CITY-ST-ZIP	SARASOTA FL 34232			'IP	-1111-1111 - 1		
TITLE	VSD	DELETE 2.1 TI				☐ Char	ige 🔲 Addition 🏻 🕻
NAME ATOTET ADDRESS	CARA ODDENNAY DONE ALCOA		2.2 NAME				
STREET ADDRESS	CADACOTA EL 04000		2.3 STREET ADDRESS				}
CITY-ST-ZIP			2 4 CITY-ST-	ZIP		Char	ge Addition
NAME			32 NAME				Na Manageri
STREET ADDRESS			3.3 STREET AD	DRESS			
CITY-ST-ZIP			3.4. CITY - ST - 1	· [			ĺ
TITLE		DELETE				Char	ge
NAME			4. 2 NAME				1
STREET ADDRESS			4.3 STREET AD	DRESS			
ONY-ST-ZIP			4.4 CITY - ST - Z	(P			
77		☐ DELETE	5.1 TITLE			Char	ge Addition
A . 8			5.2 NAME	ľ			
Sit Was			53 STREET AD	DRESS	1) alan		]
CITY-			5.4 CHY-SI-2	IP	W.cuan		
TITLE	ſ <b>I</b>		6.1 TITLE		1/0/10	☐ Char	ge 🔲 Addition
NAME			6.2 NAME		W1 1/5197	/	
STREET ADDRESS			6.3 STREET AD		( - ) , .		
CITY-ST-ZIP			6.4 CITY - \$1 - Z	IP ]	•		

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 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. my