


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000057160 (9)

1. Corporation Name
COBRA FREIGHT SERVICES, INC.

Principal Place of Business 11525 HIGHWAY 92 EAST SEFFNER FL 33584	Mailing Address 11525 HIGHWAY 92 EAST SEFFNER FL 33584-3303
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	22 City & State	26 P.O. Box 334	27 Suite, Apt. #, etc.	4. FEI Number 59-3390491	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 VALRICO, FL	29 Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25	26	30 USA	31	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

FULLER, JEFFERY M
100 NORTH TAMPA STREET
SUITE 2650
TAMPA FL 33602

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURER, GEORGE C	1.2 NAME	
STREET ADDRESS	1317 AMARYLLIS DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL 33510	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, HECTOR	2.2 NAME	
STREET ADDRESS	5021 88TH STREET SOUTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33619	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOVEN, KENNETH	3.2 NAME	
STREET ADDRESS	11525 HIGHWAY 92 EAST	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEFFNER FL 33584	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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: *Kenneth Doven* **KENNETH DOVEN** 4/8/97 813-623-3245
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)