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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057160 (9)

COBRA FREIGHT SERVICES, INC.

FILED Apr 28 1997 8:00am Secretary of State



Principal Dia	ca of Ruszone	Mailing Ad	drace				Aneni Actit tallet ib	
Principal Place of Business 11525 HIGHWAY 92 EAST		11525 HIGH	Mailing Address 11525 HGHWAY 92 EAST					
SEFFNER FL		SEFFNER F	L 33584-3303					
						3. Date Incorporated or Qualified 07/05/1996	3a. Date of L	ast Report
2. Principal	Place of Business	2a, Mailing	Address			4. FEI Number	' L	Applied For
21		26 P.O.	Box 3	34		59-3390491		Not Applicable
Suite, Apt 22	t #, etc.	Suite. A	pt. #, etc.			5. Certificate of Status Desired	1 1 7 -	.75 Additional see Required
City & State		— ·	City & State 28 VALRICO FL			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Count	ſŸ	8. This corporation has liability for in		
24	25	29 335	95	30 U	ŠA		Yes X No	100,000,
	9. Name and Address of Curr					10. Name and Address of New Reg	latered Agent	
FU	JLLER, JEFFERY M			8	1 Name			
10	O NORTH TAMPA STREET		62 S		2 Street Add	Address (P.O. Box Number is Not Acceptable)		
	Jite 2650 Impa Fl 33602			8	3			
				8	4 City		85	Zip Code
					1 '			·
		linations of Section						
	It to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob Signature typed or printed name of registered					uired when reinstating)	DATE	<u></u>
SIGNATURE	Sygnaturic typical or pointed name of registered	agent and title II applicable	e. (NO				DATE	CTORS IN 12
SIGNATURE	Signal on typed or pointed name of registered OFFICERS A	agent and title II applicable		TE Registered A	gent signature requ	uired when reinstating)	DAYE ERS AND DIRE	CTORS IN 12 lange Addition
SIGNATURE 12. Title	Signal on type disciplinate of registered OFFICERS A D MAURER, GEORGE C	agent and title II applicable	e. (NO	TE: Registered A	gent signature requ	uired when reinstating)	DAYE ERS AND DIRE	
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4. 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 an angled, or on an attachment with an address.

SIGNATURE

RIGHATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

813-623-3245