

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000038096 (8)

1. Corporation Name
IKON CARGO SERVICE, INC.



Principal Place of Business
~~4531 NE 10 AVE STE 30~~
~~OAKLAND PARK FL 33334~~
1400 N.W. 96 AVE
Miami, FL 33172

Mailing Address
~~4531 NE 10 AVE STE 30~~
~~OAKLAND PARK FL 33334~~
1400 N.W. 96 AVE.
Miami, FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	04/28/1997	65-0767091	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Country	7. This corporation owes or has paid the current year Intangible		
24	25	Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	29			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILKES, ALLEN
~~4531 NE 10 AVE STE 30~~
~~OAKLAND PARK FL 33334~~

1400 N.W. 96 AVE.
Miami, FL 33172

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

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILKES, ALLEN		1.2 NAME	
STREET ADDRESS	4531 NE 10 AVE STE 30 1400 N.W. 96 AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33334 Miami, FL 33172		1.4 CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILKES, ALLEN - ANTHONY BIANCHI		2.2 NAME	
STREET ADDRESS	4531 NE 10 AVE STE 30 1400 N.W. 96 AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33334 Miami, FL 33172		2.4 CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLWIN, EMILY		3.2 NAME	
STREET ADDRESS	300 SW 77 TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33063		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 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: Anthony Bianchi (V.P.) 4/24/98 305-470-1930

CR2E034 (10/97)