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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S91167 (4)

1. Corporate Name
SOUTHERN CARRIER AND SERVICES, INC.



Principal Place of Business
ROBINSON, WESLEY, M.
501 BRICKELL KEY DRIVE #504
MIAMI FL 33131
US

Mailing Address
ROBINSON, WESLEY, M.
501 BRICKELL KEY DRIVE
MIAMI FL 33131-2611
US

2. Principal Place of Business
21 Wesley M. Robinson, P.A.
22 501 Brickell Key Drive, Ste. 504
23 Miami, FL
24 33131

2a. Mailing Address
26 Wesley M. Robinson
27 501 Brickell Key Drive
28 Miami, FL
29 33131

3. Date Incorporated or Qualified 10/30/1991
3a. Date of Last Report 03/18/1996
4. FEI Number 65-0292019
5. Certificate of Status Desired
6. Election Campaign Financing
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent
ROBINSON, WESLEY M
501 BRICKELL KEY DR, STE#504
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name Wesley M. Robinson
82 Street Address (P.O. Box Number is Not Acceptable) 501 Brickell Key Dr Ste 504
84 City MIAMI
85 Zip Code FL 33131

11. Pursuant to the provisions of Sections 607.0557 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 understand and will accept the obligations of Section 607.0505, Florida Statutes.

Table with columns for OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include names, titles, and addresses for PD MATHENEY, A. GROVER, SD MATHENEY, FREDDIEANN, TD MAJOR, LANDIS C., and D MAJOR, ELLEN R.

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 included 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 the 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Handwritten Signature]
SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)