

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S91167 (4)
 1. Corporation Name
SOUTHERN CARRIER AND SERVICES, INC.



Principal Place of Business WESLEY M ROBINSON P.A. 501 BRICKELL KEY DR. ST. 504 MIAMI FL 33131 US	Mailing Address WESLEY M ROBINSON P.A. 501 BRICKELL KEY DR MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 WESLEY M. ROBINSON, P.A. Suite, Apt. #, etc. 22 501 Brickell Key Dr. St. 504 City & State 23 Miami, Fl. Zip 24 33131	2a. Mailing Address 26 WESLEY M. ROBINSON Suite, Apt. #, etc. 27 501 Brickell Key Drive City & State 28 Miami, Fl. Zip 29 33131
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3. Date Incorporated or Qualified 10/30/1991	04/24/1995
4. FEI Number 65-0292019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**ROBINSON, WESLEY M
 501 BRICKELL KEY DR
 SUITE 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
83
84 City Miami
85 Zip Code FL 33131

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MATHENEY, A. GROVER	
STREET ADDRESS	200 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MATHENEY, FREDDIEANN	
STREET ADDRESS	200 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MAJOR, LANDIS C.	
STREET ADDRESS	200 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAJOR, ELLEN R.	
STREET ADDRESS	200 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 *[Signature]*

February 2, 1998 011(507)228-0222

CR2E034 (10/97)