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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # V61001

1. Corporation Name

AIR CARGO SYSTEMS, INC.

mailing Address

14-100 BENJAMIN RD.
MPA FL 33634

AIR CARGO SYSTEMS INC.

A DIVISION OF THE MP GROUP

5342 Crenshaw St West

Tampa FL 33634

813.884.9432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1992

4. FEI Number

59-3142342

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

21

Suite, Apt. #, etc.

26

Mailing Address

22

City & State

27

Suite, Apt. #, etc.

23

Zip Country

28

City & State

24

Zip Country

29

Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUSTALLER, LAWRENCE J

6704-100 BENJAMIN RD.

TAMPA FL 33634

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

Lawrence J. Mustaller

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	MUSTALLER, LAWRENCE J	
STREET ADDRESS	6704-100 BENJAMIN RD. 5342 Crenshaw St West	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	V	DELETE
NAME	MUSTALLER, ELSIE M	
STREET ADDRESS	6704-100 BENJAMIN RD. 5342 Crenshaw St West	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	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, with all other like empowered.

SIGNATURE:

Lawrence J. Mustaller

Date

Daytime Phone #

4/3/99 8138849432

CR2E034 (11/98)