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

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #



F10027

FORT LAUDERDALE TRANSPORTATION, INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(3)

FILED May 05 1998 8:00am Secretary of State

1 10001100 (13)	MAIN ABINE ANNA	MANA ANAK MANA MANA	ALAN ALAH BIAH BIAN IAA
	16011 00 111 00 170	JAN HULBERL DIDL	ATEN ALAN ANGE ACTER IN EL

Principal Plac	e of Business	Mailing Address			
1330 SE 4TH	AVE.	P.O. BOX 7183			
D		C/O NATHAN I. LEDER		DO NOT MOITE	IN THE COACE
FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 333		3338	DO NOT WRITE	IN THIS SPACE	
US		U\$		 Date Incorporated or Qualified 10/30/1980 	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-2042009	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		S. Certificate of Olatos Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pai	
24	25	29	30	Personal Property Tax due June	
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	gistered Agent
	der, nathan i.		81 Name		
	00 BLUE LAGOON DR.		82 Street Add	ress (P.O. Box Number is Not Acceptable	le)
ST	E. 600				
ML	AMI FL 33128		83		
			84 City		85 Zip © ode
			[-] ~",		FL s z p code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was	authorized by the corpora	poration submits this statement for the potion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
_	tiriatima with and decept the eving	unons of, coolion cor .5000, t	ionou otatatou.		`
SIGNATURE	Signature, typed or printed name of injustured ag	ent and title if applicable (NC	OTE Registered Agent signature requi	ired when relastating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Bodenhamer, wm h		1.2 NAME		
STREET ADDRESS	1330 SE 4TH AVE, SUITE D		1.3 STREET ADDRESS		•
CITY-ST-ZIP	ft. Lauderdale fl		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		. DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-Z#P		DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		had verely	5.2 NAME		_ • _ •
			5.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6 1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
TITLE		ب مددداد			
NAME			6.2 NAM		
STREET ADDRESS			6.3 STRE T 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 exercition 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 lat 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 the 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.

954) 524- 6500