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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

## **DOCUMENT # K64457**

## **Secretary of State** DIVISION OF CORPORATIONS 02-03-1999 90013 009 \*\*\*158.75

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Feb 03, 1999 8:00am

1. Corporation		•							
ZUNI TR	ANSPORTATION, INC.					) (\$0)\$()) \$(0) \$(0)( (0)(	EN BIRNI BIRN BIRN BI	A 14 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4	
Principal Place of Business Mailing Address					· · ·	- I (BRIQIEL GIO BILIE DEBEL DIBRE DIVIL EDDE DI	014 U/041 UISIL BIBAL VI		
GRUMER, KEITI	•	GRUMER.	KEITH T.						
ONE EAST BROWARD BLVD SUITE 1705 ONE EAST BROWARD BLVD					705	DO NOT WRITE IN TI	HIS SPACE		
FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 US					3. Date Incorporated or Qualifed				
US	•	03				02/09/1989			
2. Principal P	lace of Business .	2a. Mailin	2a. Mailing Address			4. FEI Number	Apr	lied For	çı
21		26				65-0121597		Applicable	13.5
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red		15
22	·	27						<u></u>	
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		Zip Country			<del></del>	8. This corporation owes the current year Intangible			
$\neg$ $\Box$ $$		<u> </u>	29 30		,	Personal Property Tax.			
24	9. Name and Address of Curre			,,,		10. Name and Address of New Register	ed Agent		
	The state of the s		-	81	Name				
	IMER, KEITH T			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
ONE EAST BROWARD BLVD.						distribution :	1911 (1911 1971		
SUITE 1705			83	3					
FT. LAUDERDALE FL 33301			84	City	in binen, fein fertel dieffe gegeb, fetter iff bei	85 Zip C	ode		
	:					ti submits this statement for the purpose	of changing its	registered	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	602 and 607.150 e of Florida. Suc	s, Florida Statutes h change was aut	s, the above thorized by	the corporation	poration submits this statement for the purposion's board of directors. I hereby accept the ap	ppointment as reg	gistered	
	m familiar with, and accept the oblig	ations of, Sectio	n 607.0505, Florid	da Statute	S.				
SIGNATURE	Signature, typed or printed name of registered ag	•	le. (NOTE: F	Registered Age	ent signature require	od when reinstating) 3/ (Capt )			á
12.		ND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS			9
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CITY-ST-ZIP	MIAMI_FL			1.4 CITY-	ST-ZIP		☐ Change	Addition	(
TITLE	STD		☐ DELETE	2.1 TITLE			onungo		
NAME	AZOR, JORGE E.			2.2 NAME	1	•			
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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 corpolation 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 a partial magnitude with an address, with all other like empowered. CITY-ST-ZIP 305 225 550 S

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

STD