

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Workman
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR -6 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003593

1. Corporation Name

LEBBORTY CITY VAN SERVICE INC

Principal Place of Business

Mailing Address

4646 NW 17 AVE

4646 NW 17 AVE

MIAMI FL 33142

MIAMI FL 33142

3. Date Incorporated or Qualified

4. FEI Number

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERNEST JOHNSON
3260 NW 45 ST
MIAMI FLA 33142

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DEARNEST JOHNSON ☐ DELETE
NAME 3260 NW 45 ST
STREET ADDRESS MIAMI, FL 33142
CITY-ST-ZIP

TITLE DELDRICK JOHNSON ☐ DELETE
NAME 3260 NW 45 ST
STREET ADDRESS MIAMI FLA 33142
CITY-ST-ZIP

TITLE BENADILIA HYPOLITE ☐ DELETE
NAME 4225 NE 173 ST
STREET ADDRESS MIAMI FL 33162
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ernest Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-98 3056342651

Date

Daytime Phone

CR2E037 (10/97)

ERNEST JOHNSON

MAIL CORPORATION

REPORT WITH CHECK 165 DOLLARS

WAS RETURN BECAUSE I SHOWED 61 DOLLAR

I SENT 61 DOLLAR MAIL WAS NOT RETURN

IT WAS TURN TO 4616 17 AVE

Ernest Johnson