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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90076 044 ***150.00

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1. Corporation Name

WHEELS ON WHEELS AUTO TRANSPORT, INC.

Principal Place of Business	Mailing Address
12700 METRO PARKWAY #8 FORT MYERS FL 33912	12700 METRO PARKWAY #8 FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
06/15/1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 *4427 Exchange Ave.*	26 *4427 Exchange Ave.*	*65-0845460*	Applied For / Not Applicable
Suite, Apt. #, etc. 22 *Unit C*	Suite, Apt. #, etc. 27 *Unit C*	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 *Naples, FL*	City & State 28 *Naples, FL*	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 *34104* Country 25 *Collier*	Zip *34104* Country 30 *Collier*	8. This corporation owes the current year Intangible Personal Property Tax. ☑Yes ☐No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
WEINER, PAUL 12700 METRO PARKWAY #8 FORT MYERS FL 33912	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) *4427 Exchange Ave.* 83 *Unit C* 84 City *Naples* FL 85 Zip Code *34104*	

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E034 (11/98)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	☐ DELETE	1.1 TITLE		☑Change ☐Addition
NAME	WEINER, PAUL		1.2 NAME		
STREET ADDRESS	12700 METRO PARKWAY #8		1.3 STREET ADDRESS	*4427 Exchange Ave. Unit C*	
CITY-ST-ZIP	FORT MYERS FL 33912		1.4 CITY-ST-ZIP	*Naples, FL 34104*	
TITLE	DVS	☐ DELETE	2.1 TITLE		☑Change ☐Addition
NAME	STINSON, PAUL		2.2 NAME		
STREET ADDRESS	12700 METRO PARKWAY #8		2.3 STREET ADDRESS	*2233 SW 50th St.*	
CITY-ST-ZIP	FORT MYERS FL 33912		2.4 CITY-ST-ZIP	*Cape Coral, FL 33914*	
TITLE		☐ DELETE	3.1 TITLE		☐Change ☐Addition
NAME			3.2 NAME		
STREET ADDRESS			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		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐Change ☐Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐Change ☐Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET 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 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: *Paul Weiner Pres.* *1-15-99* *941-1660*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #