## FILE NOW: PILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000044495 (4)

	JNT TRANSPORTATION			
Principal Place of Business Mailing Address				ı indeliade ine rater ibası nasın daril dalir dalir dibil disti dibil filmi fill 1861
1088S PERRY DRIVE MIAMI FL 33176		10885 PERRY <b>DR</b> IVE MIAMI FL 33176		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
			··	05/20/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt. #, etc.		26		¢0.75
22		27		5. Certificate of Status Desired Section Section 5. Sec
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Žφ	Country	8. This corporation owes or has paid the current year Intangible
24	25		30]	Personal Property Tax due June 30.  Yes No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registered Agent
' BLOUNT, ADRIENNE			81 Name	
19085 PERRY DRIVE			82 Street A	ddress (P.O. Box Number is Not Acceptable)
MIAMI FL 33176			83	
•			l _ l	
•			84 City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registrated	agont and title of applicable (NOTE	Registered Agent signature re	
TITLE		AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Additional Additional Change
NAME	D Blount, adrienne	ביין טנינכונ	1.1 TITLE : 1.2 NAME	change ☐ Addition
STREET ADDRESS	10885 PERRY DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY - ST - ZIP	
TITLE	D	DELETE	2.1 TITLE	Change Addition
NAME	BLOUNT, ALBERT		2.2 NAME	
STREET ADDRESS	10885 PERRY DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MJAMI FL 33176		2. 4 CITY-ST-ZIP	
TITLE		☐ DEL <b>E</b> TE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		Dec. 576	3.4. CITY - ST - ZIP	
TITLE		[] DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME		_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.2 NAME	La onergo La Mullio
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5.4 City-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Additio
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY ST. 7IP			6.4 C/TV - ST - 7IP	

14. I hereby certify that the information supplied with this filling 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 ghanged, or on an attachment with an address.

MANAGEDE.

driver House &

Moular

(200)2020-01157

**FILED** 

May 19 1998 8:00am

Secretary of State