

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**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90086 004 \*\*\*150.00

DOCUMENT # 205918

1. Corporation Name

MIAMI TRANSFER COMPANY, INC.

Principal Place of Business

10340 N.W. 37TH AVENUE  
P.O. BOX 680579  
MIAMI FL 33168-0579

Mailing Address

10340 N.W. 37TH AVENUE  
P.O. BOX 680579  
MIAMI FL 33168-0579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1957

4. FEI Number

59-0822319

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

BARTHET, PATRICK C ESQ  
200 S. BISCAYNE BLVD  
STE 1800  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 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

12. OFFICERS AND DIRECTORS

TITLE ~~DVP~~ ☒ DELETE

NAME HYDE, ROBERT J.  
STREET ADDRESS 12573 NEW BRITTANY BLVD  
CITY-ST-ZIP FT MYERS FL

TITLE D ☐ DELETE

NAME EUERINGHAM, PHILIP D  
STREET ADDRESS 2602 SAN DOMINGO ST  
CITY-ST-ZIP CORAL GABLES FL

TITLE ~~TD~~ ☒ DELETE

NAME GIRTMAN, CHARLES  
STREET ADDRESS 744 TIBADABO AVE  
CITY-ST-ZIP CORAL GABLES FL

TITLE DP ☐ DELETE

NAME UTVICH, MICHAEL  
STREET ADDRESS 10340 N.W. 37TH AVE.  
CITY-ST-ZIP MIAMI FL

TITLE ~~SEC CORP. SEC./TREAS.~~ ☐ DELETE

NAME UTVICH, LORNA RANDALL  
STREET ADDRESS 10340 N.W. 37TH AVE.  
CITY-ST-ZIP MIAMI FL

TITLE ~~DVP~~ ☒ DELETE

NAME SIDDALL, BRIAN  
STREET ADDRESS 9600 BRYANT ROAD  
CITY-ST-ZIP LITHIA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☒ Addition

1.2 NAME OLIVER, SHERRILL  
1.3 STREET ADDRESS 2300 INDIAN CREEK BLVD, WEST-APT-C117  
1.4 CITY-ST-ZIP VERO BEACH, FLORIDA 32966

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE DIRECTOR ☒ Change ☒ Addition

3.2 NAME UTVICH, DAVID  
3.3 STREET ADDRESS 1368 HIBISCUS AVE.,  
3.4 CITY-ST-ZIP WINTER PARK, FLORIDA 32789

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 DIRECTOR ☒ Change ☒ Addition

6.2 NAME UTVICH, DARYL  
6.3 STREET ADDRESS P.O. BOX 622462  
6.4 CITY-ST-ZIP ORLANDO, FLORIDA 32862

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)