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PROFIT
CORPORATION
ANNUAL REPORT

· 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 569928

S.A.F.E. TRANSPORT, INC.

Principal Place of Business Mailing Address

FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90081 047 ***150.00



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22			27				5. Certificate of Status Desired Fee Required				
City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23			28				Trust Fund Contribution Added to Fees				
Zip	Cour	ntry	Zip	Count	У		8. This corp	oration owes	the current year I	ntangible	
24 : 1	25	29	, [30			Personal	Property Tax.	. 14 15 開 1	∦ ∐ Yes	□No I
9. Name and Address of Current Registered Agent			istered Agent				10. Name ar	nd Address o	f New Registere	d'Agent	4136
Profit Hills				8	1 Nam	е	_	2		11/11/1	
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1.67				8	4 City				F	85 Zip	Code
11. Pursuant	to the provisions of Se	ections 607.0502 and	607.1508, Florida Statute	s. the abo	ve-name	d corpora	tion submits	this statement	for the purpose of	of changing it	s registered
office or r	registered agent, or bo	th, in the State of Flor	rida. Such change was au	thorized b	y the cor	poration's	s board of dire	ectors. I hereb	y accept the app	ointment as r	egistered
agent, i a	im tamiliar with, and ad	ccept the obligations of	of, Section 607.0505, Flore	ida Statute	S.		•			1	
SIGNATURE									···	P	
40	Signature, typed or printed na	OFFICERS AND DIR			ent signatur	e required wh	nen reinstating)	CICHANICE	TO OFFICERS A	ND DIDCOT	'ODO 111 40
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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 coath; that it is annual report or true and accurate and that my signature shall have the same legal effect as if made under coath; that it is annual report is true and accurate and that my signature shall have the same legal effect as if made under coath; that it is annual report is true and accurate and that my signature shall have the same legal effect as if made under coath; that it is annual report is true and accurate and that my signature shall have the same legal effect as if made under coath; that it is annual report is true and accurate and that my signature shall have the same legal effect as if made under coath; that it is annual report is true and accurate and that my signature shall have the same legal effect as if made under coath; that it is annual report is true and accurate and that my signature shall have the same legal effect as if made under coath; that it is annual report is true and accurate and that my signature shall have the same legal effect as if made under coath is annual report is true and accurate and that my signature shall have the same legal effect as if made under coath is annual report is true and accurate and that my signature shall have the same legal effect as if made under coath is annual report is true and accurate and that my signature shall have the same legal effect as if made under coath is annual report of the coath is annual repor

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date

Daytime Phone

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