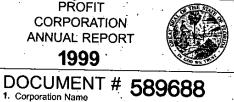
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

ACTION CARGO SERVICE, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90010 017 ***150.00



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SLAMORADA		ISLAMORADA FL 33036							
S US						DO NOT WRITE IN THIS SPACE			
	· · ·					3. Date Incorporated or Qualifed			
Dain at 1	The second secon					10/11/1978			
Principal Place of Business 2a. Mailing Address						4. FEI Number	, , , ,	Applied For	_
26						59-1854621	·		_
Suite, Apt. #, etc. Suite, Apt. #, etc.						A0.7=			
Ch. 8 Ch. 4						5. Certificate of Status Desired			
City & Sta	ate -	City & State				6. Election Campaign Financing \$5.00 May Be			
Zip Country Zip						Trust Fund Contribution Added to Fees			
21 p }				intry		8. This corporation owes the current year Intangible			
<u> </u>	25	29	30			Personal Property Tax.	La⊓gible ☐ Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered			_
НΔГ	RT, CLYDE L.	9		81	Name				_
116	STROMBOLE DR			82	Etropi Add	t (0.0. D			
116 STROMBOLE DR				52	Street Add	dress (P.O. Box Number is Not Acceptable)			
ISLAMORADA FL 33056				83	-	- <u>・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・</u>	2 2 2	<u> </u>	\vdash
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I. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s. the al	bove	-named corr	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi			╝
agent. I a	registered agent, or both, in the State o im familiar with, and accept the obligation	f Florida. Such change was au	thorized	by t	he corporati	ion's board of directors. I hereby accept the appoi	changing i ntment as	ts registered registered	
GNATURE	· · · · · · · · · · · · · · · · · · ·	5/15 01, Occitoff 607,0300, Pipi	ida Statt	ites.		1,1			j
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent	Signatura Formier	ed when reinstating) DATE			Į
<u>. </u>	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
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6.4 CITY-ST-ZiP Thereby 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 efficiency 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 charged, or on an attachment with an address, with all other like empowered.