FILE NOW: FILING 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 # 1. Corporation Name F96000001006 (3)

A & F TRANSPORTATION CO.

Principal Place of Business

Mailing Address

12805 NE MARX STREET

A STATE OF THE PARTY.

STREET ADDRESS

CITY-ST-ZIP

12805 NE MARX STREET

FILED Apr 28 1998 8:00am Secretary of State



PORTLAND OR 97230 PORTLAND OR 97230 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/27/1996 2, Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 1304 S.W. 160th Avenue Not Applicable 93-0707655 16614 Saddle Club Rd. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Suite 117 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Fort Lauderdale, Florida Ft. Lauderdale, Fl. Added to Fees Trust Fund Contribution Zip 8. This corporation owes or has paid the current year Intangible Yes 30 U.S.A. Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 City 84 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 pented name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE X Change Addition TITLE 1.1 TITLE **ANNETT, CHARLES R** NAME 1.2 NAME 16614 Saddle Club Rd. **12605 NE MARX ST** STREET ADDRESS 1.3 STREET ADDRESS Fort Lauderdale, £1. 33326 PORTLAND OR 97230 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Ly Addition DELETE TITLE 2.1 TITLE NAME Schwab, Catherine M. 15514 Saddle Club Rd. STREET ADDRESS 2.3 STREET ADDRESS Fort Lauderdale, Fl. 33326 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE NAME 3.2 NAME Annett, Leticia M. STREET ADDRESS 3.3 STREET ADDRESS 16614 Saddle Club Rd. Fort Lauderdale, Fl. 33336 Change CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME

14. 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 officer or director of the corporation or this provider on trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Place 12 or Place 12 of Place 13 if paged or your office the product of the product Block 12 or Block 13 if changed, or on

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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