**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90054 029 \*\*\*150.00

## DOCUMENT # F97000002381 1. Corporation Name

TARGET AIR FREIGHT, INC.

	,	 

Principal Place of Business	Mailing Address
201 WEST CAROB STREET COMPTON CA 90220 US	201 WEST CAROB STREET COMPTON CA 90220 US _

DO NOT WRITE IN THIS SPACE

	•	3	Date Incorporated or Qualifed	
			05/06/1997	
2. Principal Place of Business	2a. Mailing Address	4	l. FEI Number	Applied For
11	26		<u> 11-3375717                                     </u>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5	Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip Co	ountry 8	<ol> <li>This corporation owes the current year Inta Personal Property Tax.</li> </ol>	ingible ☐ Yes ☐ No
9. Name and Address of Curr	ent Registered Agent	10	). Name and Address of New Registered A	Agent
_		81 Name	<del></del>	

VAUGHN, CAROL 7979 NW 21ST ST. MŁAMI FL 33126

	10. Name and Address of New Regis	stered A	gent	<u> </u>
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 app	licable. (NOTE: Re	egistered Agent signature requ	uired when reinstating)	DATE			
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TIFLE	P	☐ DELETE	1.1 TITLE		☐ Change	Addition		
NAME	COPPERSMITH, CHRISTOPHER A		1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS			]		
CITY-ST-ZIP	COMPTON CA 90220		1.4 CITY-ST-ZIP					
TITLE	V	☐ DELETE	2.1 TITLE		Change	Addition		
NAME	BEATTIE, SUSANNAH S		2.2 NAME					
STREET ADDRESS	201 WEST CAROB STREET	•.	2.3 STREET ADDRESS		ZT	_		
CITY-ST-ZIP	COMPTON CA 90220	· •	2. 4 CITY-ST-ZIP	<i>a</i> :				
TITLE	VPCF	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition		
NAME	DUBATO, PHILIP J		3.2 NAME					
STREET ADDRESS	201 WEST CAROB STREET		3.3 STREET ADDRESS					
CITY-ST-ZIP	COMPTON CA 90220		3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition		
NAME :			4. 2 NAME			Í		
STREET ADDRESS			4.3 STREET ADDRESS	•				
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition		
NAME			5.2 NAME			ł		
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME			6.2 NAME					
STREET ADORESS	}	ı	6.3 STREET ADDRESS	•		1		
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

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 effect of 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.