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

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90031 036 ***150.00

DOCUMENT # F9800000242

1. Corporation Name

PIONEER LOGISTICS SYSTEMS, INC.

Principal	Place	of	Business	
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Mailing Address

6614 VILLA SUNRISA #122

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

1321

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

6614 VILLA SUNRISA #122

|--|--|

BOCA RATON F	FL 33433	BOCA, RATON FL 33433					DO NOT WE	RITE IN THIS	SPACE				
				,				ļ	3. Date Incorp. 01/14/19	orated or Qualifed			, , , , , , , , , , , , , , , , , , , ,
2 Principal Pl	lace of Business		2a	. Mailing Address					4, FEI Number			$\overline{}$	Applied For
21 6614	UILLA SOK	1RISA # 122	26						22-33775	93.			Not Applicable
Suite, Apt.			27	Suite, Apt. #, etc.	<u> </u>					f Status Desired		·	Additional Required
City & State	•	FL	28	City & State						mpaign Financing Contribution	' D		May Be d to Fees
Zip 334	3 25	Country USA	29	Zip	30	Country	,		8. This corpora Personal Pr	ation owes the cu operty Tax.	rrent year In	itangible	□No
	9. Name and	Address of Curren	t Regis	stered Agent					10. Name and	Address of New	Registered	Agent	
	TEGNO, HOWA					81	Street		is (P.O. Box Nun	ber is Not Accep	table)	A #	122
	A RATON FL 3					83	66	17		· ·	V KIST		
						84	City		=		FL	85 Zij	p Code
office or n	enistered anent (or both in the State i	of Flori	607.1508, Florida Sta ida. Such change wa f, Section 607.0505, l	s author	ized by	the corpo	corpor oration	ation submits this 's board of direct	statement for th ors. I hereby acc	e purpose of ept the appo	f changing i intment as	ts registered registered
SIGNATURE									=				
	Signature, typed or prin	nted name of registered ager					nt signature r	required w	men reinstating)		DATE	ND DIDEO:	TODO IN 42
12.		OFFICERS AN	D DIRI		_	13.	 .		ADDITIONS/	CHANGES TO O	FFICERS A	Deffange	e Additio
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NAME] :	2.2 NAME							
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CITY-ST-ZIP	}				1	2. 4 CITY-5	ST-ZIP	ł					
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CITY-ST-ZIP 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

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5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

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SUNCEREDURED SIGNATURE: (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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WALL BY ALL

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