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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # G82008

(5)

1. Corporation Name

| CARTAGE, INC. | | | | | | | | | | |
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| Principal Place | of Business | Maling Address | | | | I FRANCIJI BARK FRANCI ALBAN ABRIK ALBI | II IOII OIGH GH | HE BIBN BIBN | BYOU DIEN YOU | |
| | IMERCIAL BLVD. Dale Fl. 33334 | | 1540 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33334 | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 11/29/1983 | _ | e of Last R 8/21/19 | · _ | |
| | ace of Business | 2a. Mailing Addres | 35 | | | 4. FEI Number | | T. | Applied For | |
| 21 | | 26 | | | | 59-2350555 | | | Not Applicable | |
| Suite, Apt. <i>I</i> | #, etc. | Suite, Apt. #, 6 | etc. | | | 5. Certificate of Status Desired | | • | Additional Required | |
| City & State | | City & State | | | | 6. Election Campaign Financing | | \$5.0 | 0 May Be | |
| 23 | The second secon | 28 | | | | Trust Fund Contribution | | | d to Fees | |
| Ζφ 24 | Country | Zip | Count | r / | ĺ | 8. This corporation has liability for | intangible ta s=[]No | ax under s | 199.032, | |
| 24 | 25 g. Name and Address of Curren | 29 t Registered Agent | 30 | · | | Flor da Statutes Yes Name and Address of New I | | Aner+ | | |
| | g, name and Address of Oditell | gistered Ageilt | a | 1 Name | | U, manie and Address of New I | gratered | ∠Ac.ır | | |
| רטוע נ | ROBERT M | | | | | | | | | |
| | COMMERCIAL BLVD. | | 8 | 2 Stree | et Address | iss (P.O. Box Number is Not Acceptable) | | | | |
| | DERDALE FL 33334 | | 8 | .3 | | | | | | |
| i i Diol | AND THE POOR | | 8 | -I City | | | FL | 85 Zı | o Code | |
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| TALLET. | PS . | DELET | 13. F 1. 1 THE | f | Т | ADDITIONS/CHANGES TO OF | · | DIRECTO | RS IN 12 Addition | |
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14. Too hereby centry that the information supplied with this limit is, the unique property of 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 deporation or this/tection 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 pay an attackment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-772 4304