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

PROFIT CORPORATION **TANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # H50833

WALTER TRANSPORT CORPORATION

incipal Place of Business	Mailing Address	
" S. MILITARY TRAIL	2121 S. MILITARY TRAIL	
PALM BEACH FL 33415	W. PALM BEACH FL 33415 US	

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90061 009 ***158.75



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ncipal Flace of Business Mailing Address								TINII RIBII A		
S. MILITARY TRAIL 2121 S. MILITARY TRAIL										
PALM BEACH FL 33415 W. PALM BEACH FL 33415 US			H FL 33415							
							TE IN THIS SP	ACE		
						3. Date Incorporated or Qualifed		•		
		1 a 14-11- a 4-				04/05/1985 4. FEI Number				
Principal P	tace of Business	2a. Mailing Ad	dress			· · ·		J	plied For	
26		# sto			59-2531227		\$8.75 Additional			
Suite, Apt. #, etc. Suite, Apt. #, etc.		#, BIG.			5. Certifcate of Status Desired	1	Fee Required			
City & State City & State		te			6. Election Campaign Financing		\$5.00 May Be			
		28			Trust Fund Contribution		Added to Fees			
Zip	Country	Zip		Countr	у	8. This corporation owes the curr	ent year Intang	ible		
	25	29	30	30		Personal Property Tax.				
	9. Name and Address of Cur	rent Registered Ager	t	\Box		10. Name and Address of New I	Registered Age	nt:		
				8	1 Name					
	TER TRASPORT CORPORATION	MC		82	Street Ad	dress (P.O. Box Number is Not Accepta	able)			
	South Military Trail			0.	Sileet Aut	aress (F.O. Box Number is Not Accept	ibie)			
WES	T PALM BEACH FL 33415		•	83	3					
				_				-1 7: 2		
				84	4 City		FL	15 Zip C	,ode	
office or re	to the provisions of Sections 607.t egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such chi	ange was authori	zed by	y the corporat	poration submits this statement for the ion's board of directors. I hereby accept	ot the appointme	ent as reç	gistered	
SIN ELIDE										
	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Regist	ered Age	ent signature requi	red when reinstating)	DATE			
		AND DIRECTORS		13		ADDITIONS/CHANGES TO OF				
ì	VP	П	DELETE 1	.1 TITLE				Change	Addition	
	Carmona, Walter Pedro	100 41-		.2 NAME						
I ADDRESS	7881 PESSEE BEACH CT			.3 STREE	ET ADDRESS					
ST ZIP	LAKE WORTH FL W			4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
	P		DELETE 2	1 TITLE	1] Change	Addition	
	"CARMONA, NORMA	_		.2 NAME						
: AÚYOKĘSS	7884 PESSEE BEACH CT	20 Alpine	፣ ይይ 2	.3 STREE	ET ADDRESS	ر بيوجي المناف المناف الم	·			
ST-ZIP	LAKE-WORTH PL (1)	PB FL 32	405 2	. 4 CITY-	ST-ZIP					
			DELETE 3	1 TITLE				Change	□ Addition	
_			3	.2 NAME						
I ADDRESS			3	.3 STREE	ET ADDRESS		•			
ST-ZIP			3	4. CITY-	ST-ZiP					
				1 TITLE] Change	☐ Addition	
			4	. 2 NAME						
I ANDRESS					ET ADDRESS	. •				
ST-ZIP				4 CITY-	_					
31- <u>21</u>		9		1 TITLE	51-211] Change	☐ Addition	
				2 NAME		: ·	_		_	
- LADORESS)					ET ADDRESS					
				4 CITY-		•				
ST-ZIP		<u></u> _		1 TITLE] Change	Addition	
]		L		2 NAME			1	, suange		
					ET ADDRESS					
1 AUDAUGS			1°	.o o incl	רי אחחניניסס				,	

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 of 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.

SHONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR