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

DOCUMENT # H54590

1. Corporation Name

PARK TRANSPORT, INC.

Principal	Place of	Business

STREET ADDRESS

Mailing Address

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90113 034 ***150.00



6610 SW 20TH ST 6610 SW 20TH ST PLANTATION FL 33317 PLANTATION FL 33		7			DO NOT WRITE IN THIS	SPACE			
						3. Date Incorporated or Qualifed 05/01/1985			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21 26 26					59-2561307		Not Applicable		
Suite, Apt. i	#, etc.	Suite, Apt. #, etc	·.			5. Certificate of Status Desired		5 Additional	
22		27				5. Certificate of Status Desired	Fee	Required	
City & State	e	City & State			-	6. Election Campaign Financing	\$5.0	May Be	
23 28					Trust Fund Contribution Added to Fees		d to Fees		
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible				
24	25	29	30		-	Personal Property Tax. Yes No			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent		
048	A A BAIDA		į	81	Name				
	K, LINDA			82	Street Addre	eet Address (P.O. Box Number is Not Acceptable)			
	SW 20TH ST		l			<u> </u>		<u> </u>	
PLAN	NTATION FL 33317			83				Į	
				84	City	FL.	85 Zi	ip Code	
<u> </u>		00 C07 1500 Florida 6	Statutas the e	have	named come	ration submits this statement for the numose of	changing	its registered	
Affino or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi	ant ⊨innaa Such change v	vas aumonzec	1 DV U	he corporation	allors submits this statement for the purpose of a board of directors. I hereby accept the appoint	ntment as	registered	
SIGNATURE									
GIGHTORE	Signature, typed or printed name of registered ag-		(NOTE: Registered	Agent	signature required		D DIDEC	TOBE IN 12	
12		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	Chang		
TITLE	DP	☐ DELE						,	
NAME)	PARK, EDWARD		1.2 N/		Ĭ			Ì	
STREET ADDRESS	6610 SW 20TH ST		1.3 87	TREET /	ADDRESS				
CITY-ST-ZIP	PLANTATION FL			TY-ST-	-ZIP		[7] Chanc	ge	
TITLE	D	☐ DELE	1		1		□ Cliane	je	
NAME	PARK, LINDA		2.2 N/	AME	į		•		
STREET ADDRESS	6610 SW 20TH ST		2.3 \$1	REET	ADDRESS			ĺ	
CITY-ST-ZIP	PLANTATION FL			rTY-ST	r-ZIP			D 4 4450	
TITLE		☐ DELE	TE 3.1 TI	TLE		and the second s	Chang	ge 🗀 Addition	
NAME		AB TOPPET CONTRACTOR	3.2 N	AME		• -			
STREET ADDRESS		•	3.3 ST	TREET,	ADORESS				
CITY-ST-ZIP	·			ITY-ST	r-zip				
TITLE		☐ DELE	TE 4.1 TI	TLE			Chang	ge	
NAME			4. 2 N	AME				j	
STREET ADDRESS	-		4.3 \$7	TREET!	ADDRESS	•			
CITY-ST-ZIP		·	4.4 CI	ITY-ST-	-ZIP				
TITLE		☐ DELE	TE 5.1 TI	TLE		,	☐ Chang	ge	
NAME :	• •		5.2 N/	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS			'	
CITY-ST-ZIP			5.4 CI	ITY-ST	-ZIP 、				
TITLE		☐ DELE	TE 6.1 TI	TLE			☐ Chang	ge 🔲 Addition	
NAME	1	•	6.2 N	AME	ļ				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZiP

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

3/28/99

Daytime Phone #

CR2F034 (11/98)