

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PH 3: 17

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H75888

1. Corporation Name

CAR-DE TRANS. Inc.

Principal Place of Business

Mailing Address

% DAVID DE MAO
8419 N.W. 85th AVE.
TAMARAC, FL 33321

% David DeMao
8419 N.W. 85th AVE
TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

09/12/85

04/18/94

4. FEI Number

Applied For

59-2717758

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE MAO, DAVID
8419 N.W. 85th AVE.
TAMARAC, FL 33321-5102

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, printed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D/P

DE MAO, DAVID
8419 N.W. 85th AVE
TAMARAC, FL

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

T/S

CARMEN DE MAO
8419 N.W. 85th AVE
TAMARAC, FL 33321

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY ST ZIP

☐ Change ☐ Addition

100001478011
-05/08/95--01003--022
***200.00 ***200.00

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

CARMEN DE MAO

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (805) 226-7359

Date

Signature Filed

AD