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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J72753

STREET ADDRESS

CITY-ST-ZIP

ATLANTIC COAST FLEET SERVICE, INC.

							 		1011 BIBNI 91911	HARI BIBIR 1881
Principal Place	e of Business	Mailing Address			1					
4720 NW 15TH	AVE.	4720 N.W. 15TH AVE.			1					
FT. LAUDERDALE FL 33309		FT. LAUDERDALE FL 33309				DO NOT WRITE IN THIS SPACE				
US		US			-	2 Data la samana		TE IN THIS	SFACE	
						3. Date Incorporat	ed or Qualifed			
		···				05/14/1987				
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number				plied For
21		26				<u>59-2624318</u>				t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Sta	atus Desired		\$8.75	
22		27				1			Fee Re	
City & State	e	City & State				Election Campa				May Be
23		28				Trust Fund Con			Added	to Fees
Zip (Country	Zip	Cou	ntry		This corporation		rent year Int		
24	25	29	30			Personal Prope			☑ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Add	ress of New	Registered	Agent	
				81 Na	ame					
HAMMOND, FRANK			82 Street Add			s (P.O. Box Number	is Not Accept	able)		
	NW 15 AVE				. • • • • • • • • • • • • • • • • • • •	- (·	, , , <u>, , , , , , , , , , , , , , , , </u>		
FT L	AUDERDALE FL 33309			83					100	
						- I			 	Code
				84 Ci	ity			FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Stat	utes, the a	oove-na	med corpora	ation submits this sta	tement for the	purpose of	changing its	registered
							I harehy acces	nt the annoi	ntment as re	aistered
office or n	egistered agent, or both, in the State of	f Florida. Such change was	authorized	by the	corporation's	s board of directors.	Triciony acce	pr trie appoi		3
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was	authorized	by the	corporation's	s board of directors.	Tricleby acce	pr trie appoi		
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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

FILED

Jan 20, 1999 8:00am

Secretary of State

01-20-1999 90016 036 ***150.00

954-772-0008