

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J89823

(5)

1. Corporation Name

WORLD TRANSPORT PRESS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% KEITH K. ARMES
1200 NW 72 AVE., P.O. BOX 531238
MIAMI FL 33126

3. Date Incorporated or Qualified 08/26/1987 3a. Date of Last Report 06/02/1994

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number 65-0005148 Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip 28 Zip

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Country 25 Country 29 Country 30 Country

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

9. Name and Address of Current Registered Agent
ARMES, KEITH K.
1200 NW 72 AVENUE
MIAMI FL 33126

10. Name and Address of New Registered Agent
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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME STREET ADDRESS CITY, ST, ZIP	PD ARMES, KEITH K. 1200 NW 72 AVENUE MIAMI FL	13.1 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.2 NAME STREET ADDRESS CITY, ST, ZIP	STD PETITT, BRYANT 3756 WINDSOR CIRCLE CLARKSTON GA	13.2 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.3 NAME STREET ADDRESS CITY, ST, ZIP	VD DRUM, PAULINE 400 N.W. 86TH AVENUE PEMBROKE PINES FL	13.3 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.4 NAME STREET ADDRESS CITY, ST, ZIP		13.4 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.5 NAME STREET ADDRESS CITY, ST, ZIP		13.5 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.6 NAME STREET ADDRESS CITY, ST, ZIP		13.6 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.7 NAME STREET ADDRESS CITY, ST, ZIP		13.7 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.8 NAME STREET ADDRESS CITY, ST, ZIP		13.8 NAME STREET ADDRESS 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(6)(b), 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: *Pauline Drum* 4-27-95 (303) 77-7163
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date