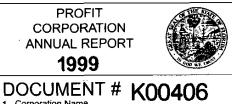
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

MR. B'S CHARTER BUS, INC.

1. Corporation Name



DIVISION OF CORPORATIONS

FILED May 11, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

05-11-1999 90037 039 ***150.00

- I Jahrania en boni: Boni: Boni boni boni boni bini bibli bibli bibli bibli bibli bibli bibli bibli bibli bibli

| Principal Place of Business Mailing Address | | | | | | | | |
|---|---|---|---------------------------|-----------------|---------------------|---|---------------------------------------|---|
| % ALVA E. BIRGE 5940 N.E. 4TH AVENUE FORT LAUDERDALE FL 33334 | | % ALVA E. BIRGE 5940 N.E. 4TH AVENUE FORT LAUDERDALE FL 33334 | | | | DO NOT WRITE IN THI | S SPACE | |
| | | | | | | 3Date Incorporated or Qualifed | ~ _ · • | |
| | | | | | | 10/30/1987 | · · · · · · · · · · · · · · · · · · · | |
| 2. Principal P | 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | | Applied For |
| 21 | 26 | | | | | NOT APPLICABLE | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | Fee | 5 Additional Required |
| City & Stat | e e | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | |
| Zip | Zip Country Zip 25 29 | | | intry | | This corporation owes the current year In Personal Property Tax. | ntangible Yes | · MNo |
| | 9. Name and Address of Curre | | 30 | | | 10. Name and Address of New Registered | d Agent | |
| | | | | 81 | Name | | | |
| BIRGE, ALVA E. 5940 N.E. 4TH AVENUE | | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable) | | |
| FOR | IT LAUDERDALE FL 33334 | | | 83 | ··· | | | |
| | | | | 84 | Oit. | | . 85 Zi | ip Code |
| | | | | | City | FI FI | L | |
| office or r | egistered agent, or both, in the State im familiar with, and accept the oblig. | e of Florida. Such change was ations of, Section 607.0505, F | authorized lorida Stat | d by t utes. | the corporation | oration submits this statement for the purpose on's board of directors. I hereby accept the app | ointment as | registered |
| | Signature, typed or printed name of registered ag- | | i _ | i Agen | t signature require | ed when reinstating) DATE | ND DIDEO | TODO 114 40 |
| 12. | | AND DIRECTORS 13. ☐ DELETE 1.1 TO | | 7.5 | | ADDITIONS/CHANGES TO OFFICERS A | Chang | |
| TITLE | D Birge, Alva e. | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| NAME | 5940 N.E. 4 AVENUE | | 1.2 NAME 1.3 STRE | | ADDRESS | | | |
| STREET ADDRESS | FORT LAUDERDALE FL | | | ITY-ST | | | | |
| CITY-ST-ZIP | VP | DELETE 2.1 TIT | | | · ZII | | ☐ Chang | ge Addition |
| NAME | BIRGE, MADELINE | | 2.2 NAJ | | | | | |
| STREET ADDRESS | 5940 NE 4TH AVE | | | TREET | ADDRESS | | | ĺ |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 2.40 | TY-S | T-ZIP | | | |
| TITLE | | ☐ DELETE 3.4 T | | TLE | | | Chang | ge |
| NAME | | | 3.2 N | AME | | | | |
| STREET ADDRESS | | | 3.3 S | TREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | ITY-S | T-ZIP | | | |
| TITLE | | ☐ DELETE | . 4.1 Ti | | | | Chang | ge |
| NAME | | | 4. 2 N | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | ☐ DELETE | 4 4 C | ITY-SI | ∠IP | | Chang | e Addition |
| TITLE | | C OFFEIG | 5.1 II | | | | | |
| NAME | | | | | ADDRESS | | | 1 |
| STREET ADDRESS CITY-ST-ZIP | | | | TY-ST | | | | 1 |
| TITLE | | ☐ DELETE | 6.1 Ti | | | | Chang | ge Addition |
| NAME | | | 6.2 N | АМЕ | | | | |
| OTDEET ADDRESS | | | 6.3.5 | TREET | ADDRESS | | | |

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.

6.4 CITY-ST-ZIP

SIGNATURE: ALLE

CITY-ST-ZIP