

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L04326** (9)

1. Corporation Name

FUTERNICK TRANSPORTATION SERVICES, INC.



Principal Place of Business

**12300 NW 32 AVE
MIAMI FL 33167**

Main Office Address

**12300 NW 32 AVE
MIAMI FL 33167**

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip Country

3. Date incorporated or Quashed
07/24/1989

3a. Date of Last Report
04/14/1995

4. FEI Number
NOT APPLICABLE

Applied For
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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**FUTERNICK, LEE
12300 NW 32 AVE
MIAMI FL 33167**

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 607.01(2)(b) and 607.12(1), 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, whereby accept the appointment as registered agent. I am familiar with, and accept the delegation of, Section 607.01(2)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME ☐ DELETE

**D
FUTERNICK, LEE
2 GROVE ISLE #1509
MIAMI FL**

NAME ☐ DELETE

**D
FUTERNICK, FRANK
2 GROVE ISLE #1509
MIAMI FL**

NAME ☐ DELETE

**PD
FUTERNICK, MORRIS
2 GROVE ISLE #1509
MIAMI FL**

NAME ☐ DELETE

**NAME
STREET ADDRESS
CITY, ST, ZIP**

NAME ☐ DELETE

**NAME
STREET ADDRESS
CITY, ST, ZIP**

NAME ☐ DELETE

**NAME
STREET ADDRESS
CITY, ST, ZIP**

NAME ☐ DELETE

**NAME
STREET ADDRESS
CITY, ST, ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME ☐ Change ☐ Addition

2 NAME

3 STREET ADDRESS

4 CITY, STATE

5 ZIP

6 NAME

7 STREET ADDRESS

8 CITY, STATE

9 ZIP

10 NAME

11 STREET ADDRESS

12 CITY, STATE

13 ZIP

14 NAME

15 STREET ADDRESS

16 CITY, STATE

17 ZIP

18 NAME

19 STREET ADDRESS

20 CITY, STATE

21 ZIP

22 NAME

23 STREET ADDRESS

24 CITY, STATE

25 ZIP

26 NAME

27 STREET ADDRESS

28 CITY, STATE

29 ZIP

30 NAME

31 STREET ADDRESS

32 CITY, STATE

33 ZIP

34 NAME

35 STREET ADDRESS

36 CITY, STATE

37 ZIP

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

305-685-0325

CR2E034 (12/95)