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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

一年 日本

22

City & State

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L04326

(9)

FUTERNICK TRANSPORTATION SERVICES, INC.

Principal Place of Business Mailing Address 12300 NW 32 AVE 12300 NW 32 AVE MIAMI FL 33167 MIAMI FL 33167-2418 3. Date Incorporated or Qualified 2. Principal Place of Business 2a, Mailing Address 4. FE! Number 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired

27

City & State

## **FILED** Mar 17 1997 8:00am Secretary of State



07/24/1989

3-10-97

305-685-0325

El Number 65-06737 NOT APPLICABLE

6. Election Campaign Financing

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

04/19/1996

23		28				Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Ĺ	Country		8. This corporation has liability for in	∧ngible ta	x under s	. 199.032,
24	25	29	30			Florida Statutes	Yes 🔲	No	
	9, Name and Address of Current		10. Name and Address of New Registered Agent						
FUT	ERNICK, LEE			81	Name				ĺ
12300 NW 32 AVE			82	Street Add	lress (P.O. Box Number is Not Acceptable	1	<u> </u>		
MIAMI FL 33167				[		- Control of the cont	<b>,</b>		. 1
				83					
				84	City			05 700	Code
				64	City I		FL	<b>85</b> 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, typed or printed name of registered agent	Soul blood some notice	(NOU Rea	staten Ann	nt Signal as took	irea when reinstating)	DATE		
12,	OFFICERS AND		··	13.		ADDITIONS/CHANGES TO OFFICE		IRECTOR	S IN 12
TITLE	D		DELETE	1111111				Change	Addition
NAME	FUTERNICK, LEE		I	1.2 NAME	Ì				1
STREET ADDRESS	2 GROVE ISLE #1509		I	1.3 STREET	ADDRESS				ļ
CITY-ST-ZIP	MIAMI FL			14 CITY S	ì				l'
TITLE	D			21 HILE		V V		Change	Addition
NAME )	FUTERNICK, FRANK		1	2.2 NAME					
STREET ADDRESS	2 GROVE ISLE #1509		1	23 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		i i	2 4 CHY-S	1				Ì
TITLE	PD			3 1 THEF	<u></u>			Change	Addition
NAME	FUTERNICK, MORRIS		- 1	3.2 NAMŁ	}			•	
STREET ADDRESS	2 GROVE ISLE #1509		l l	3 a STHEET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		1	3.4. CITY - S					)
TITLE		]		417/11/16				Change	Addition
NAME			1	4. 2 NAME					1
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP			1	4.4 CHIY-S	1				
TITLE				5.1 TITLE				Change	Addition
NAME			1	5.2 NAME	)				)
STREET ADDRESS			1.	5 3 STREET	ADDRESS				
CITY-ST-ZIP			1	5 4 CITY- S	)				)
TITLE				6 1 111LE				Change	Addition
NAME			]	6.2 NAME	İ				)
STREET ADDRESS				63STREET	ADORESS				
CITY-ST-ZIP			1	6.4 OTY - S1	1 - 71P				
<b>14.</b> I do heret	by certify that the information supplied	with this filing does	not qualify for	the exci	mplion stated	d in Section 119.07(3)(i), Florida Statutes.	I further ce	ortify that	the
14. I do 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 suppliemental africal 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 it trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or the corporation with an address.									