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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25179

(3)

DSL TRANSPORTATION SERVICES, INC.

FILED
May 13 1998 8:00am
Secretary of State



Principal Place of Business		Mailing Address					
5011 FIRESTONE PLACE		5011 FIRESTONE PLACE	5011 FIRESTONE PLACE				
SOUTH GATE CA 90280		SOUTH GATE CA 90280	SOUTH GATE CA 90280				
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 07/13/1989		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied Fi	or	
21		26			95-3334057 Not Applie		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		SR 75 Addition		
22		27	- 1		5. Certificate of Status Desired Fee Required		
Citv & State		Cily & State	City & State		6. Election Campaign Financing \$5.00 May Be	 8	
23		[28]			Trust Fund Contribution Added to Fees		
Zip 24	Country	Zip	Country	<i>'</i>	8. This corporation owes or has paid the current year Inlangible	!	
24	25 25 Name and Address of Curre	[29]	30		Personal Property Tax due June 30. Yes No. 10. Name and Address of New Registered Agent		
CIC	O REYES, FRANK	on negletered Agent	81	Name			
9901 NW 106 STREET							
MEDLEY FL 33178			82 Street Ac		Address (P.O. Box Number is Not Acceptable)		
1116			83				
		•					
			84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.00	502 and 607.1508, Florida Statu	ites, the above	L e-named	corporation submits this statement for the purpose of changing its registe	ered	
office or r	registered agent, or both, in the Star im temiliar with, and accept the obli	te of Florida, Such change was	authorized by	the corp	rporation's board of directors. I hereby accept the appointment as register	red	
SIGNATURE	Signature typed or printed name of regelered a	gend and little d'applicable (NO	1t.: Registered Age	orit signature	re required when reinstaling) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	?	
TITLE	ODANTIMAL CORR	DELETE	1.1 TITLE			idition	
NAME	-QRANTHAM, COBB		1.2 NAME		GRANTHAM, PAUL C,		
STREET ADDRESS	5011 FIRESTONE PLACE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	\$OUTH GATE CA		1.4 CITY - S	T - ZIP			
TITLE	-GRANTHAM, COBB	☐ DELETE	2.1 TITLE		Change Ad	dition	
NAME	5011 FIRESTONE PLACE		2.2 NAME		CRAYDALL, DARSE E.		
STREET ADDRESS	80 UTH GATE CA		2.3 STREET	ADDRESS			
CITY-ST-ZIP	T	DELETE	2.4 CITY-5	ST-ZIP	☐ Change ☐ Ad	ldition	
NAME	MAREVICH, MIKE	(_) vecere	3.1 7/11/2			aition	
STREET ADDRESS	5011 FIRESTONE PLACE		3.2 NAME	4000000			
CITY-ST-ZIP	SOUTH GATE CA		3.3 STREET				
TITLE	<u> </u>	DELETE	3.4 City-5	51-ZIP	☐ Change ☐ Ade	dition	
NAME	MCGEE, CHARLES		4. 2 NAME			2111011	
STREET ADDRESS	5011 FIRESTONE PLACE		4.3 STREET	ADDRESS			
CITY-ST-ZIP	SOUTH GATE CA		4.4 CITY-S	ŀ	<u> </u>		
TITLE			51 TITLE		Change Add	dition	
NAME			5.2 NAME		_ , _		
STREET ADORESS			5.3 STREET	address			
CITY-ST-ZIP			5.4 C/TY - S	T-74P			
TITLE		DELETE	6.1 TITLE		Change Add	dition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE1	ADDRESS			
CITY-ST-ZIP		<i></i>	6.4 CV Y - S	1 - ZIP			
14. I hereby o indicated	certify that the information supplied on this annual report or supplied	with this filing does not qualify to tal authual report is true and acc	or the exemp	tion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the informa	ition an	
14. Thereby 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 of Aupplemental author poor 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 completion or the receiptron or distribution or the receiptron of distribution or the receiptron of the process of the same legal effect as if made under oath; that I am an officer or director of the completion or the receiptron of distribution or the receiptron of the process of the completion of the com							
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