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

**PROFIT** CORPORATION. ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9200005345

1. Corporation Name

MORE FREIGHT, INC.

Princip	al Place	of Busi	ness
			_

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90030 002 \*\*\*150.00



	•				
Principal Place	e of Business	Mailing Address	-		
3724 N.W. 72ND STREET 3724 N.W. 72ND STREET					
MIAMI FL 3314			DO NOT WRITE IN THIS SPACE		
	• .				SFACE
				3. Date Incorporated or Qualifed 11/06/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0369907	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	, `	27		or dominate or oldido popular	Fee Required
City & Stat	e · ·	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip Co	untry	8. This corporation owes the current year Int	
24	25	29 30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	Agent
740	. FILIOTT N.	•	81 Name		
	K, ELLIOTT N		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	-
1367 NE 162ND ST					
· N M	IIAMI BEACH FL 33162		83		
			84 City	FL	85 Zip Code
44 =		CO COT 4500 51-14- Ctatutae the		di a badi dhi da a da a da a da a da a da a da	changing its registered
office or i agent. I a	registered agent, or both, in the State or familiar with, and accept the oblig	e of Florida. Such change was authorize pations of, Section 607.0505, Florida Sta	ed by the corpora tutes.	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	ntment as registered
SIGNATURE	Signature, typed or printed name of registered ag	west and title of configuration (NOTE: Pegisters	d Agent signature requi	red when reinstating) DATE	
12.		ND DIRECTORS 13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	DP OF FIGURE		TITLE .	100	☐ Change ☐ Addition
	TRAGASH, HAROLD	_	AME .		
NAME	3724 N.W. 72ND STREET		STREET ADDRESS		
STREET ADDRESS	MIAMI FL 33147		1		
CITY-ST-ZIP	MIMINI FL 33147		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	MOODE JOHN D	_		•	
NAME	MOORE, JOHN D		VAME		
STREET ADDRESS			STREET ADDRESS   1 1		
CITY-ST-ZIP	MIAMI FL 33147		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			ITTLE		☐ Change ☐ Addition
NAME		3.2 *	VAME •		
STREET ADDRESS		3.3 \$	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		· ·	TITLE	•	☐ Change ☐ Addition
NAME		4.2	NAME		
STREET ADDRESS		4.3 5	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		· ·	TITLE		Change Addition
NAME	·		NAME		,
STREET ADDRESS		5.3 \$	STREET ADDRESS		}
CITY-ST-ZIP	·		CITY-ST-ZIP		
	BAR SEE MAR SHAR	☐ DELETE 6.11	TITLE		☐ Change ☐ Addition
NAME 333	、初 接供收益	6.21	NAME		
	र ध्यालस म	6.3 \$	STREET ADDRESS		
CITY-ST-ZIP		6.4 (	CITY-ST-ZIP		

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.

SIGNATURE:

04-29-99

305-696-2190