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 # P93000020187 (9)

ATLANTIC COAST VAN LINES, INC.

Principal Place of Business

Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



2113 7TH AVE LAKE WORTH	ENUE NORTH I FL 33461	2113 7TH AVENUE NORTH LAKE WORTH FL 33461			DO NOT WRITE	IN THIS S	SPACE			
;						3. Date Incorporated or Qualified		HOL	• • • •	
						03/15/1993				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		TA	pplied For	
21 2212 NO DIXIEHUUY 26 < SAME				ρ		65-0417309		N	lot Applicable	
Suite, Apt. Suite, Apt. 27			#, etc.			5. Certificate of Status Desired		•	Additional lequired	
23 25 State	160 PAIN BCL	City & State	B			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	25 Country	7 ip Count 30				This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent 81 Name					
MEEHAN, MICHAEL				' '	Name					
2113 7TH AVENUE NORTH LAKE WORTH FL 33461					Street Addre	Address (P.O. Box Number is Not Acceptable)				
•			83	3						
			84	-	City		FL	11.	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.									its registered registered	
SIGNATURE										
12.	OFFICERS AND		13.	jent i	eniuper enutargia	ADDITIONS/CHANGES TO OFFICE	DATE	DIDCOTO	DO 141 40	
TITLE	D	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFICE	HS AND	Change	Addition	
NAME	MEEHAN, MICHAEL		1.2 NAME					ondingo		
STREET ADDRESS	\$373 SAPPHIRE ROAD		1.3 STREE)DRESS					
CITY-ST-ZIP	LANTANA FL 33462		1.4 CITY-							
TITLE	Ď	☐ DELETE	2.1 TITLE					Change	☐ Addition	
NAME	MEEHAN, SHEILA	SHEILA 221		2.2 NAME		* ·				
STREET ADDRESS	3373 SAPPHIRE ROAD		2.3 STREE	T AD	ODRESS					
CITY-ST-ZIP	LANTANA FL 33462		2. 4 CITY-	ST-	ŽIP					
TITLE	DELETE 3:							Change	Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	T AD)DRESS					
CITY-ST-ZIP		D priese	3 4. CITY-	ST-	ZIP					
TITLE		∐ DELE te	4.1 TITLE					Change	L Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE							
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5	ST - Z	Z(P			1000	1 4 4 4 7 7 1 -	
		[1] OCTUE	5.1 TITLE					Change	☐ Addition	
NAME CYPEET ADDRESS			5.2 NAME	T 25.	DDEED				İ	
STREET ADDRESS			5.3 STREET							
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 5	51 - Z	or [Change	Addition	
NAME	•	_ 0.001	6.2 NAME				'	oughligh	- V001001	
STREET ADDRESS			6.3 STREET	יתגז	IDDECC					
CITY-ST-ZIP										
	ortify that the information complied with	this filing does not evally for	6.4 CITY - S	51 - Z	:IP	2				

4. 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 attachnient with an address.

IONATURE IN I Made Shall

1/20100 5

The City Land