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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000025477

TREASURE COAST AUTO TRANSPORT, INC.

Principal Place of Business 5883 GLEN EAGLE WAY STUART FL 34997 Mailing Address

5883 GLEN EAGLE WAY STUART FL 34997

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90206 017 ***150.00



DO NOT WRITE IN THIS SPACE

					DO NOT WRITE IN THIS S	31 AOL	
					3. Date Incorporated or Qualifed		
					04/06/1993		
2. Principal PI	ace of Business	2a. Mailing Address			4. FEI Number	- Ap	plied For
4		26			65-0399788	No	t Applicable
Suite, Apt. :	# etc	Suite, Apt. #, etc.				\$8.75	Additional
ار برادان ا	, 500.	27			5. Certificate of Status Desired	Fee Re	equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Re
- , '	,	28			Trust Fund Contribution	Added	,
3	Country	Zip	Cou	ntrv	8. This corporation owes the current year Inta	nniñle	
_	25	<u></u>	30	,	Personal Property Tax.	IV Yes	□No
4	9. Name and Address of Current	29	[30]		10. Name and Address of New Registered A		
	3. Haine and Address of Carrett	. Neglateraa Agent		81 Name			-
CON	VENTE, PETER A						
	GLEN EAGLE WAY			82 Street Address (P.O. Box Number is Not Acceptable)			
	ART FL 34997			93			
310/	THI IL UTGGI			83	. •		
				84 City		85 Zip	Code
				'	<u></u>		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508, Florida Statu	les, the al	bove-named con	poration submits this statement for the purpose of o	changing its	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was a	autnorized	i by the corporat	ion's board of directors. I hereby accept the appoin	tment as re	gistered
-	m tamiliai with, and accept the obligat	10113 01, 30011011 007.0300, 1 10	moo otott	J. 100.			
SIGNATURE	Signature, typed or printed name of registered agent	and title of continuous (NOT)	- Desirtered		red when reinstating) DATE		
			Redistered	Agent signature requir			
			13.	Agent signature requir	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DRS IN 12
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12.	OFFICERS AND	D DIRECTORS	13.	TLE			
12. TITLE NAME	D CONVENTE, PETER A	D DIRECTORS	13. 1.1 TII 12 NA	TLE MME			
12. TITLE NAME STREET ADDRESS	D CONVENTE, PETER A 5883 GLEN EAGLE WAY	D DIRECTORS	13. 1.1 TII 12 NA 1.3 ST	TLE AME TREET ADDRESS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D CONVENTE, PETER A 5883 GLEN EAGLE WAY STUART FL 34997	D DIRECTORS	13. 1.1 TH 12 NA 1.3 ST 1.4 CF	TLE ME TREET ADDRESS TY-ST-ZIP		Change	Addition
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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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. COMVERTE MAR. 8. 1999

NR. 8 . 1999 561-283-79

Daytime Phone #

CR2E034 (11/