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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000075202 (0)

| GARA' | S CARGO, INC. | | | | |
|---|---|-----------------------------------|------------------------------------|--|--|
| Principal Plac | e of Business | Mailing Address | | - 1 ACOLIDAL SIA HOLDO ALCIN OCILI BOLCI DELLI DOLI | LL HOBBE OLING HIBSH DOSIO HIBY NOD! |
| 2393 OUTRIGGER LANE 2393 OUTRIGGER LANE | | | | | |
| NAPLES FL 34104 NAPLES FL 33942 | | | | DO NOT WRITE IN T | THIS SOACE |
| US | | | | DO NOT WRITE IN 1 3. Date Incorporated or Qualified | HIS SPACE |
| | | | | 10/25/1993 | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | 10/20/1993 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0444572 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 69 7E |
| 22 27 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid th | |
| 24 | 25 | | 30 | Personal Property Tax due June 30. | Yes No |
| | 9. Name and Address of Curren | il Hegistered Agent | 81 Name | 10. Name and Address of New Registe | ored Agent |
| | YER, MILDRED | | 81 Name | | |
| 2393 OUTRIGGER LANE | | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) | |
| NA NA | PLES FL 34104 | | 83 | | |
| | | | 63 | | |
| | | | 84 City | | 85 Zip Code |
| 44 6 | 40-15-007-050 | 10 | | | FL 183 ZIP CODE |
| office or a | no the provisions of Sections 607,050 registered agent, or both, in the Stale | ef Florida. Such change was at | s, the above-hamed corporation | oration submits this statement for the purpoon's board of directors. I hereby accept the | ese or changing its registered appointment as registered |
| agent. La | am familiar with, and accept the obliga | ations of, Section 607.0505, Flor | ida Statutes | , | |
| SIGNATURE | Signiflure typed or printed name of registered age | ALCONO. | Registered Agent signature require | | NE |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | D | DELETE | 1.1 TITLE | 7.00/110/10/01/1/4/02/01/01/102/10 | Change Addition |
| NAME | BE YER, MILDRED | | 1.2 NAME | | |
| STREET ADDRESS | 2393 OUTRIGGER LANE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL | | 1.4 CITY-ST-ZIP | | Ì |
| TITLE | | DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2 4 CITY-ST-ZIP | | <u> </u> |
| TITLE | | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |) |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELET E | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | į |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |

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 of 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 granged, or on an attachment with an address.

6.4 CITY - ST - ZIP