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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000084983 (4)

**COLA TRANSPORTATION SERVICES, INC.** 

## **FILED** May 01 1997 8:00am Secretary of State

Principal Place	e of Business	Mai	Mailing Address				{	BOLDY IN IN BADIO AND IN	80 (K)1 1881	
8350 SW 3RD AVE STE 805 FT LAUDERDAEL FL 33315				P OBOX 22875 FT LAUDERDALE FL 33335-2875 US					I.a., B.,	
US								3. Date Incorporated or Qualified 12/08/1993	3a. Date of Last F 04/18/1996	report
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	A	pplied For
21				26				65-0453527	N	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	,	Additional equired
City & Stale				City & State				6. Election Campaign Financing	\$5.00	May Be
23			28				Trust Fund Contribution		to Fees	
Zip	<u>⊢</u>		ļ	├┐ ˙		ountry		8. This corporation has liability for in		s. 199.032,
24 25			29					Florida Statutes Yes No		
		and Address of Cur	ent Hegiste	ered Agent		81	Name	10. Name and Address of New Reg	Jistered Agent	
MULLIN, JAMES G						6'	ivame			
2263 NW BOCA RATON BLVD							Street Addre	ss (P.O. Box Number is Not Acceptabl	c)	
#205 BOCA RATON FL 33431						83				
						84	City		<b>85</b> Zip	Code
44 5	An Alan - and del			7 4600 51-14- 51-1	The state of			A STATE OF THE STA	FL   T	
office or re	egistered age	ons of Sections 607.0 ont, or both, in the Sta h, and accept the ob	ate of Florida	a. Such change was	s authoriz	ed by	the corporation	oration submits this statement for the pu on's board of directors. I hereby accep	urpose of changing i t the appointment as	its registered registered
SIGNATURE		in and theody, the ob	nganono o.,	000,011 007.0000,			,,,			
SIGNATURE	Signature, typed	or printed name of registered	agent and title if	applicable (N	OTE Rogiste	red Agn	ont signature require	d when reinstaling)	DATE.	
12.		OFFICERS /	AND DIRECT		18			ADDITIONS/CHANGES TO OFFICE		
TITLE	PD			☐ DELETE	1.9	TITLE			☐ Change	Addition
NAME	COX, EDWARD			1.2 NA			1			
STREET ADDRESS			1.8 \$7			STREET	ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33467				CITY·S	1 - ZIP			4 100	
TITLE	DS KLOOO I	MED		☐ DELETE		TITLE			L_1 Change	Addition
NAME	KLOSS, DALE R					NAME				
STREET ADDRESS 2330 N. 57TH AVE CITY-ST-ZIP HOLLYWOOD FL							ADDRESS			
CITY-ST-ZIP HOLLYWOOD FL.				DELETE 3.1 Y		THE	51-211		Change	Addition
NAME				the second		NAME			c,iangs	
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP						CITY - 9				
TITLE				DELETE		TITLE			☐ Change	Addition
NAME					4.2	NAME				
STREET ADDRESS					4.8	STREET	ADDRESS			
CITY-ST-ZIP					4.4	CITY - S	ST - ZIP			
TITLE				DELFTE	5.1	TITLE			☐ Change	Addition
NAME					5.2	NAME				
STREET ADDRESS					5.3	STREET	ADDRESS			
CITY-ST-ZIP					5.4	CITY-S	3T - ŽIP			···
TITLE				DELETE	6.1	TITLE			[_] Change	Addition
NAME					6.2	NAME				
STREET ADDRESS					6.3 STREET ADDRESS		ADDRESS			
OTV. CT. 710	l				E c 4	DITY C	T 710			

14. I do 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 eath; 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.

954-316-9990