FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # P9400	0019148 (3)		
	RY TRANSFER COMPANY	, INC.		 	
Principal Place	of Business	Mailing Address		I 1844 DAY IND 1811 DAY BRAN DOWN O	DBUR DBUR (IBID KOIBE INDIE DIDAN HON KODA
4821 NORTHEAST 10TH AVE. OAKLAND PARK FL 33334		4821 NORTHEAST 10TH AVE. OAKLAND PARK FL 33334			
				3. Date Incorporated or Qualified 03/07/1994	3a. Date of Last Report 03/15/1995
2. Principal Pla	ce of Business	2a. Mailing Address 26		4. FEI Number 65-0474568	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip 29	Country	This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Curre	1 1		10. Name and Address of New Re	egistered Agent
			81 Name		
SOSA DOUGLAS, GEORGETTE			82 Street Addr	ess (P.O. Box Number is Not Acceptable	θ)
320 SOUTHEAST NINTH STREET FT. LAUDERDALE FL 33316-1128			83		
71.010			84 City		85 Zip Code
	4.0	0 and 607 1509 Florida Statut	an the above named corner	ration submits this statement for the purp	FL 03 2 p 00000
or registere familiar with	of the provisions of Sections 607.000 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida. Such change was authoriz stion 607.0505, Florida Statutes	ed by the corporation's boa	ration submits this statement for the purple rd of directors. I hereby accept the appo	intment as registered agent. I am
. SIGNATURE	Signature typed or printed name of registered agen	nt and title if applicable (NG	TE: Rogistered Agent signature require		DATE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
THLE	DPVS	☐ DELETE	1. 1 TITLE		Change Addition
NAME	FITZPATRICK, R. B JR		1.2 NAME		
STREET ADDRESS	4821 NE 10TH AVE.		1.3 STREET ADDRESS		
CITY - S1 - ZIP	OAKLAND PARK FL 33334	[7] DELETE	14 CHY-ST-ZIP 2 1 TITLE		Change Addition
TITLE	FITZPATRICK, R. B JR		2 2 NAME		
name Street address	4821 NE 10TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33334		2.4 CITY - ST - ZIP		
TIFLE	O/ALDAND (/AAK I D COOK	☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-SF-ZIP			3.4 CITY-ST-ZIP		
1/1LF		☐ DELETE	4. 1 TITLE		Change Addition
NAME			42 NAME		
STREET ADDRESS			4.3 STREFT ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		Change Addition
THTLE		☐ D€LETE	. 5. 1 TITLE		Cusage [] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE		Change: Addition
TITLE		[] Detert			
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP	v certify that the information supplied	with this filing is voluntarily fun	64 CITY-ST-ZIP nished and does not qualify	for the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further

I do nereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. 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 13 if chapter 6, no an attachment with an address.

SIGNATURE: