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PRQFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000044803 (2)

M.L. TRANSPORTATION, CORP.



97 JUN -3 AM 9: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| Principal Place | of Business | Mailing Address | | | | | 1 150(150) (10 1014) 64014 6614 6614 6614 6641 6441 6464 4514 6644 1414 1491 | | | | | |
|---|---|---|---|------------------------------|--------------------|------------------|--|---------------|---|--------------|--------------|--|
| 2080 8W 248TH ST. HOMESTEAD FL 83031 | | 20990 SW 248TH ST. HOMESTEAD FL 33031-1523 | | | | | | | | | • | |
| | | | | 1. | | | 3. Date incorporated or Qualifie 06/15/1994 | | ate of La 01/199 | • | ort | |
| 2. Principal Pl | ace of Business ; | 24. | Mailing Address | 1 | | | 4. FEI Number | | | Applie | d For | |
| 1 | | 26 | | ļ. — . | | | 65-0499487 | | | <u> </u> | pplicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | 5 Add | | |
| City & State | | | City & State | | | | | Fee Required | | | | |
| ' | | | ├ ─ ' | | | | Election Campaign Financing Trust Fund Contribution | П | \$5.00 May Be Added to Fees | | | |
| Zip Country | | 28] | Zip Co | | | | Trust Fund Contribution | | | | | |
| - | 26 | | | 30 | <u> </u> | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | | | | | |
| 26 26 9. Name and Address of Cur | | | | | 1 | | 10. Name and Address of New Registered Agent | | | | | |
| ION. | ES, MARION L | | | | 81 | Name | | | | | | |
| 20990 SW 248TH ST. | | | | | | | | | | | | |
| HOMESTEAD FL 33031 | | | 82 Stre | | | Street | t Address (P.O. Box Number is Not Acceptable) | | | | | |
| 11011 | ICOTEAD TE GOOD! | | | • | 83 | | | | | | | |
| | | | | | | 0:: | | | 11 | | | |
| | | | | | 84 | City | | FL | _ ' | Zip Cod | | |
| 11. Pursuant | to the provisions of Sections 607.050 | 02 and 60 | 7.1508, Florida State | ites, the | above | -named | corporation submits this statement for the poration's board of directors. I hereby ac | purpose o | f changi | ng its re | gistered | |
| office or r | egistered agent, or both, in the State m familiar with, and accept the oblig | e of Florid rations of, | a. Such change was . Section 607.0505, F | aumoriz Iorida St | ea by atutes | r the corp 3. | poration's board of directors, I hereby ac | ept the ap | pointmen | t as reg | istered | |
| SIGNATURE | · · | | | | | | • | | | | | |
| | | | | | | int signature | required when reinstating) | DATE | | | | |
| 12, | ÖFFICERS AN | ID DIREC | | 13 | | | ADDITIONS/CHANGES TO OF | FICERS AN | | | | |
| TITLE | | | DELETE | | | | | | · L. Chai | ige <u>L</u> | Addition | |
| NAME | JONES, MARION L | | | 1.2 N/ | | | | | | | | |
| STREET ADDRESS | 20990 SW 248TH ST. | | | 1.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | HOMESTEAD FL 33031 | | | 1.4 Cf | | T-ZIP | | | | | | |
| BITLE | DV | | DELETE | | TITLE | | 6000022 | | 1 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| NAME | JONES, ANNE L | | | | 2 2 NAME | | -06/04 | /970 |)1061 | 00 | 8 | |
| STREET ADDRESS | | | | | 2.3 STREET ADDRESS | | 非牢牢來] | 6Š.00` | *** | £165. | .00 | |
| CITY-ST-ZIP | HOMESTEAD FL 33031 | | ☐ DELETE | | CITY- | ST-ZIP | | | Cha | | Addition | |
| TITLE | | | III DECETE | | TITLE | | | | LI CIM | ige L | Addition | |
| NAME . | | | | | NAME | | · | | | | | |
| STREET ADDRESS | | | | | 3.3 STREET ADDRESS | | • | | | | | |
| CITY-ST-ZIP | T DE | | DELETE | _ | 3.4. CITY-ST-ZIP | | | | ☐ Cha | 200 | Addition | |
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| NAME | | | | | NAME | | | | | | | |
| STREET ADDRESS | | | • | | | ADDRESS | 16/200 | <i>\</i> \/ \ | , | | | |
| CITY-ST-ZIP | DELETE | | | 4.4 CITY-ST-ZIP 5.1 TITLE | | 14/0/01 | • | ☐ Cha | nne C | Addition | | |
| TITLE NAME | | | L.J DECETE | | NAME | | (M, 2, 1) | | 0.00 | .g | | |
| STREET ADDRESS | | | | | | ADDRESS | 7 | | • | | | |
| CITY ST-7IP | • | | | | CITY-S | | , | | | | | |
| TITLE | <u> </u> | | ☐ DELETÉ | | TITLE | 11.211 | Come accepted ass | aine J | Cha | nge [| Addition | |
| NAME | | | | 6.2 | | | Copy accepted for | 7 | | | | |
| STREET ADDRESS | | | | | | ADDRESS | mrs organizar. | 613 | • | | | |
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| CITY-ST-ZIP | | | | 10.4 | CITY - S | H-EIP | l | | | | | |

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 oath; that I am an officer or or octor of the corporation or the receivers and appears in Block 12 or Block 13 if changed, or only an attachment with an address.