

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90016 020 ***150.00

DOCUMENT # P94000065733

Corporation Name
HENSON TRANSPORT, INC.

Principal Place of Business
15600 DERBY COURT
DAVIE FL 33331
US

Mailing Address
15600 DERBY CT
DAVIE FL 33331
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/31/1994	
4. FEI Number 65-0519048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 14820 TETHERCLIFF STREET	2a. Mailing Address 14820 TETHERCLIFF STREET
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State DAVIE FLORIDA	28. City & State DAVIE FLORIDA
24. Zip 33331-2904	29. Zip 33331-2904
25. Country BROWARD	30. Country BROWARD

9. Name and Address of Current Registered Agent
KLEIN, THEODORE J
16855 N.E. 2ND AVE.
SUITE 301
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	88 NORTH EAST 168TH STREET
83. City	
84. City NORTH MIAMI	85. Zip Code FL 33162

I, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSON, BARRY S	1.2 NAME	
STREET ADDRESS	15600 DEBARY COURT	1.3 STREET ADDRESS	14820 TETHERCLIFF STREET
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	DAVIE FLORIDA 33331-2904
TITLE	VPST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSON, STEPHANIE	2.2 NAME	
STREET ADDRESS	15600 DERBY COURT	2.3 STREET ADDRESS	14820 TETHERCLIFF STREET
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	DAVIE FLORIDA 33331-2904
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Barry S/H*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-99
DATE

954-680-8025
TELEPHONE #