7-15-98 B- 8038 MC FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

P**RO**FIT CORP**O**RATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 15 1998 8:00am Secretary of State

| DOCUMENT # P9400067279 (7) R & M SHORTHAUL, INC. | | | | | | | |
|---|---|--------------------------------|----------------------------|--|---|---------------------------------------|---|
| Principal Place of Business 1718 SOUTH ORANGE BLOSSOM TRIAL ORLANDO FL 32805 | | | 1718 SOUTH (ORLANDO FL | Mailing Address 1718 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32805 | | | DO NOT WRITE IN THIS SPACE |
| US | | | U\$ | | | | 3, Date Incorporated or Qualified |
| 2. Principal Place of Business | | | 2a. Mailing Add | 2a. Mailing Address | | | 09/08/1994 4. FEI Number Applied For |
| 21 | | | 26 | 26 | | | 59-3272223 Not Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | Certificate of Status Desired S. Certificate of Status Desired Fee Required |
| City & State | | | City & State | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | · | 28 | | | | Trust Fund Contribution Added to Fees | |
| Zip | • | Country | Zip | | _ Country ⊒1 | | 8. This corporation owes or has paid the current year Intangible |
| 24] | g, Name | 25 e and Address of Curren | 29 I Registered Agent |]30 | 0 | | Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent |
| | DEN DEKKER | RUDOLPH | | *************************************** | 81 | Name | |
| | | ORANGE BLOSSOM | rail | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) |
| ORLANDO FL 32805 | | | | 83 | | | |
| | | | | 84 | | 0.1 | |
| | | | | | | | FL 85 Zip Code |
| 11. 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 tog seried agent and Mie if applicable (NOTE Registered Agent's gnature required when reinstalling) DATE | | | | | | | |
| 12. | Organia iyix | OLFICERS AN | | (10.0) | 13. | in a gridinal c | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | | | DELETE | 1.1 THILE | | Change Addition |
| NAME | DEN DEKKER, RUDOLPH REET ADDRESS 1718 SOUTH ORANGE BLOSSO | | COM TOM | M TOAH | | 1000000 | |
| CITY-ST | [_ 🚓 🖘 | | SOM INVIL | | 1.3 STREET 1.4 CITY - ST | ſ | |
| TITLE | | | | DELETE | 2.1 TITLE | | Change Addition |
| NAME | ſ | | | | 2.2 NAME | [| |
| | STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST | - ZIP | | | DELETE | 2.4 CITY - S 3.1 TITLE | ST-ZIP | Change Addition |
| NAME | | | | | | | |
| STREET | ADDRESS | | | | 3.3 STREET | ADDRESS | |
| CITY-ST | - ZIP | | |)ELETE | 3.4. CITY - S | T-ZIP | Change Addition |
| TITLE NAME | | | | TELETE. | 4.1 TITLE 4 2 NAME | | Change Addition |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | ADDRESS | | |
| CITY-ST | - ZIP | | | | 4.4 CITY - S | 1-ZIP | |
| TITLE | | | [] | DELETE | 5.1 TILE | | Change Addition |
| NAME STREET | ADORESS | | | | 5 2 NAME 5 3 STREET | ADDRESS | |
| CITY-ST | ſ | | | | 54 CITY-ST | í | |
| TITLE | | | |)F.LETE | 6.1 TITLE | | Change Addition |
| NAME | ADDRESS . | | | | 6.2 NAME | 1000000 | |
| STREET ADDRESS CITY-S1-ZIP | | | | | 6.3 STREET ADDRESS 6.4 City - St - Zip | | |
| CHY-SI | - LIF | | | | DAMIY-S | ı - Zir | |

14. Thereby certify that the information supplied with this filling 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.

SIGNATURE: DU DOUDOR Our Nobber

714/48

Unz-6491733

CR2E034 (10/97)