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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000076258 1. Corporation Name

CLUNES CARRIER, INC.

## **FILED** Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90201 005 \*\*\*150.00



|   | ·  |  |  |  |   |   |                    |  |                             |                            |                                       |  |                  |
|---|--|--|--|--|---|---|--------------------|--|-----------------------------|----------------------------|---------------------------------------|--|------------------|
| Principal Place   | e of Business  | Ma   | ailing Address   |  |   |   |                    |  |                             |                            | •                                     |  |                  |
| 15705 81ST TERRACE, NORTH   |  | _  | P.O. BOX 20432   |  |   |   | ļ                  |  |                             |                            |                                       |  |                  |
| NORTH PALM BEACH FL 33418   |  | WE   | WEST PALM BEACH FL 33416   |  |   |   |                    | DO   | NOT WRIT                    | F IN THIS                  | SPACE                                 |  |                  |
|   |  |  |  |  |   |   | ŀ                  | 3. Date Incorporated o                                   |                             | L ((4 11 / 10 )            |                                       |  | Ì                |
|   |  |  |  |  |   |   |                    | 10/18/1994   |                             |                            |                                       |  |                  |
| 2 Principal Pl  | lace of Business   | 2a.  | Mailing Address  | . —  |   |   |                    | 4. FEI Number  |                             | <del> </del>               | Ap                                    | plied For                                    | 1                |
| 21  |  | 26   | 3  |  |   |   |                    | 65-0609161   |                             |                            | No                                    | t Applicable                                 | 1                |
| Suite, Apt. i   | #. etc.  |  | Suite, Apt. #, etc.  |  |   |   |                    |  | D 1 1                       |                            | \$8.75                                | Additional                                   |                  |
| 22  |  | 27   |  |  |   |   | Ì                  | 5. Certifcate of Status                                  | Desired                     |                            | Fee Re                                | quired                                       | <u>.</u>         |
| . City & State  | e  |  | -City-&-State  | <del></del>  |   |   |                    | 6. Election Campaign                                     | Financing                   |                            | \$5.00                                | May Be                                       | j=               |
| 23  | _  | 28   |  |  |   |   |                    | Trust Fund Contribu                                      | ition                       |                            | Added (                               | o Fees                                       | 1                |
| Zip   | Country  |  | Zip Country  |  |   |   |                    | 8. This corporation ow                                   | es the curre                | ent year Inta              |                                       |  |                  |
| 24  | 25   | 29   |  | 30   |   |   |                    | Personal Property T                                      |                             |                            | Yes                                   | □No  | ļ                |
|   | 9. Name and Address of Currer  | nt Regis   | tered Agent  |  | -   |   |                    | 10. Name and Address                                     | s of New R                  | egistered /                | Agent                                 |  | ł                |
| DICH  | JADDE WAVNE M  |  |  |  | 81  | Name  |                    |  |                             |                            |                                       |  | 1                |
|   | HARDS, WAYNE M   |  |  |  | 82  | Street A  | Addres             | s (P.O. Box Number is N                                  | Not Accepta                 | ble)                       |                                       |  | 1                |
| 218   | CLE,ATIS STREET  |  |  |  |   |   |                    |  |                             |                            |                                       |  |                  |
|   | ST PALM BEACH FL 33401   |  |  |  | 83  |   |                    |  |                             |                            |                                       |  |                  |
| WES   | FALM DEACH FL 33401  |  |  |  | 84  | City  |                    | <del></del>  |                             |                            | 85 Zip (                              | Code   | 1                |
|   |  |  |  |  |   | •   |                    |  |                             | <u>FL</u>                  |                                       |  | l                |
|   |  |  |  |  |   |   |                    |  |                             |                            |                                       |  |                  |
| 11. Pursuant  | to the provisions of Sections 607.050  | 02 and 6   | 07.1508, Florida St  | tatutes, the   | e above   | -named o  | corpora<br>oration | ation submits this statem<br>'s hoard of directors. I he | nent for the                | purpose of the appoir      | changing its<br>ntment as re          | registered<br>gistered                       |                  |
| office or re  | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga  | of Florid  | la. Such change w  | as authoriz  | zed by  | the corpo   | corpora<br>oration | ation submits this statem<br>'s board of directors. I he | nent for the<br>ereby accep | purpose of<br>t the appoir | changing its<br>ntment as re          | gistered                                     |                  |
| office or re<br>agent. I as<br>SIGNATURE  | egistered agent, or both, in the State<br>m familiar with, and accept the obliga   | of Florid<br>ations of,  | da. Such change w<br>Section 607.0505  | as authoriz<br>, Florida Si  | zed by<br>tatutes   | the corpo   | oration            | s board of directors. The                                | nent for the<br>ereby accep | ot the appoir              | changing its<br>ntment as re          | registered<br>gistered                       |                  |
| office or n<br>agent. I a   | egistered agent, or both, in the State<br>m familiar with, and accept the obligation<br>Signature, typed or printed name of registered age   | of Florid<br>ations of,<br>int and title i   | da. Such change w<br>Section 607.0505  | as authoriz<br>, Florida Si<br>NOTE: Registe   | zed by<br>tatutes<br>ered Agen  | the corpo   | oration            | s board of directors, I he                               | ereby accep                 | DATE                       | ıment as re                           |  | (80              |
| office or reagent. I as   | egistered agent, or both, in the State<br>m familiar with, and accept the obligation<br>Signature, typed or printed name of registered age<br>OFFICERS AN  | of Florid<br>ations of,<br>int and title i   | da. Such change w, Section 607.0505  If applicable. (I   | as authoriz<br>, Florida Si<br>NOTE: Registe   | zed by<br>tatutes<br>ered Agen  | the corpo   | oration            | s board of directors. The                                | ereby accep                 | DATE                       | D DIRECTO                             | PRS IN 12                                    | 14,000)          |
| office or reagent. I as SIGNATURE  12.  | egistered agent, or both, in the State m familiar with, and accept the obligation of the state of registered age OFFICERS AND P  | of Florid<br>ations of,<br>int and title i   | da. Such change w<br>Section 607.0505  | as authoriz , Florida Si   | zed by<br>tatutes<br>ered Agen<br>13.   | the corpo   | oration            | s board of directors, I he                               | ereby accep                 | DATE                       | ıment as re                           |  | (44,00)          |
| office or reagent. I at SIGNATURE  12. TITLE NAME   | egistered agent, or both, in the State m familiar with, and accept the obligation of the state o | of Florid<br>ations of,<br>int and title i   | da. Such change w, Section 607.0505  If applicable. (I   | as authoriz , Florida Si  NOTE: Registe  1 1.1   | zed by<br>tatutes<br>ered Agen<br>13.<br>1 TITLE<br>2 NAME  | the corpo   | oration            | s board of directors, I he                               | ereby accep                 | DATE                       | D DIRECTO                             | PRS IN 12                                    | 024 (14/08)      |
| office or nagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS   | egistered agent, or both, in the State m familiar with, and accept the obligation of | of Florid<br>ations of,<br>int and title i   | da. Such change w, Section 607.0505  If applicable. (I   | as authoria , Florida Si  NOTE: Registe  1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1   | zed by tatutes  ered Agen  3.  TITLE  2 NAME  3 STREET  | the corpo   | oration            | s board of directors, I he                               | ereby accep                 | DATE                       | D DIRECTO                             | PRS IN 12                                    | 10E024 (44,00)   |
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14. 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 trusted 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 arechment with an address, with all other like empowered.

SIGNATURE: