SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000092295 (2)

L & J TRANSPORT INC.

	,											
Principal Plac	e of B usines	\$	M	Mailing Address						FOIN 15 00 100	<u> </u>	
P.O. BOX 772016 CORAL SPRINGS FL 33077 US				P.O. BOX 772016 CORAL SPRINGS FL 33077 US					DO NOT WRITE IN THIS SPACE			
								3.	Date Incorporated or Qualified		ate of Last R	•
2. Principal Place of Business 2e. Mailing Address									12/19/1994 FEI Number	09	1/27/ ₁ 199 <u>6</u>	oplied For
21				26					65-0542890		 -	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.								Additional
22				27				5.	Certificate of Status Desired			equired
City & State				City & State				- 1	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country			Zip Country				8. This corporation owes or has paid the current year Intangible				
24	4-11	25	29						Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent							Name			Registered	Agent	
	GER, HENF					81		<u> </u>	GER, HENR	42.	1	
9900 RIVERSIDE DR						82	Street	Address (P.	O Box Number is Not Accept	able)	DOT	#2_
STE 306 CORAL SPRIGNS FL 33371							_24	CO/L	WIGHT HILLS	445.	171	
	na, ornic	INO FL 333/ (
	•					84	City	ORAL	SPRINGS	FL	85 Zip	Code 206
11. Pursuant office or r	to the provis	ions of Sections 607.05 ent, or both, in the Sta	02 and 6	607.1508, Florida ida. Such change	Statutes, the	e above	-named the corp	corporation poration's be	n submits this statement for the oard of directors. I hereby acc	e purpose o cept the app	f changing it pointment as	ts registered registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corpi agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.									R	-26	-97	•
SIGNATURE Signature, typed or printed graft of registered agent and tric it workshite (NOTE: Register								required when a		DATE		
12.		OFFICERS A	ND DIRE			13.		Α	DDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	PVPT	LIPA (DA) / L		DELE.		I.1 TITLE					L Change	Addition
NAME		HENRY L				.2 NAME]					
STREET ADDRESS 9900 RIVERSIDE DRIVE CITY-ST-ZIP CORAL SPRINGS FL 33071				1.3 STREET ADDRESS								
CITY-ST-ZIP TITLE	CORAL	SPHINGS FL 330/1		☐ DELE		1.4 CITY - S 2.1 TITLE	I-ZIP				Change	Addition
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STREET ADDRESS					I .		ADDRESS					
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NAME					3	I.2 NAME					_ •	
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NAME					5	2 NAME			•			
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TITLE				☐ DELE		1.1 TITLE					☐ Change	Addition
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STREET ADDRESS							ADDRESS					
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14. 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 eath; 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.

FILED

Aug 28 1997 8:00am

Secretary of State