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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P940000 92 295 (2)

L+JTRANSPORT INC.

Principal Place of Business

Mailing Address

P.O. BOX 772016 COPAL SPRINGS FL.		P.O. BOX 772016		
COPAL SPRINGS F.L.		CORAL SPRINGS FL		DO NOT WRITE IN THIS SPACE
33077		33077-2016		3. Date Incorporated or Qualified  12-19-94
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0542890 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		Crty & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zip 24	Country 25	Zip	Country 30	This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.
	Name and Address of Current I	<del> </del>	001	10. Name and Address of New Registered Agent
1/10	CO MENDY		81 Name	
FIHE	ex tierky L.	,	62 Street Add	dress (P.O. Box Number is Not Acceptable)
3281	ER HENRY L. CORAL HILL L SPRINGS	SPR		( Low running in the moderable)
Rong	1 SPRINGS	EL.	83	
330	65	-	84 City	FL 85 Zip Code
office or regist	ne provisions of Sections 607.0502 a dered agent, or both in the State of amiliar with, and accept the obligation	Honda. Such change was a	uthorized by the corpora	poration submits this statement for the purpose of changing its registered alon's board of directors. I hereby accept the appointment as registered
SIGNATURE	armine with and accept the conglete	ins or, accilor dov caga, Flo	nua Siatules.	
Signa	<b>atur</b> e, typicid or printed name, of negistron-Lage in a		Registered Agrant signature requ	
12.	OFFICERS AND I	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	PVPT		1.1 TITLE 1.2 NAME	☐ Change ☐ Addilion
STREET ADDRESS	HENRY LANK	Wills DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HENRY L HA 3281 GORAL H ORAL SPRINGS	AL. 33065	14 CITY - ST - ZIP	
TITLE	WISHE WI SI 18 1 = -	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE		☐ DCLETE	3 1 TATLE	☐ Change ☐ Addition ]
NAME STREET ADDRESS			3 2 NAME	
CITY-ST-ZIP			3 3 STREET ADDRESS	
TITLE		☐ DELFTE	3.4. CITY - ST - ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	- Onlings - Addition
STREET ADDRESS			4.3 STREET ADDRESS	<i>n</i>
CITY-ST-ZIP			4 4 GITY - \$1 - 2IP	
TITLE		DILETE	5 1 TITLE	Lange, Landilion
NAME			5 2 NAME	$\sim 100$
STREET ADDRESS			5.3 STREET ADDRESS	// /// /
CITY-ST-ZIP		DOLLET	5.4 CHY+ST-ZIP	
THE		DETETE	6.1 THLE	500024327hmige   Addition   -04/17/9801052019
NAME STREET ADDRESS			6.2 NAME	***150.00
STREET ADDRESS			6.3 STREET ADDRESS	action I during such

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 supplication are 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 fustee 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.

954345-0243

**FILED** 

Apr 17 1998 8:00am

Secretary of State