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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012555 (5)

NATIONWIDE CAR FORWARDERS, INC.

FILED Mar 09 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 8222 WILES RD 8222 WILES RD SUITE 281 SUITE 281 DO NOT WRITE IN THIS SPACE **CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067** 3. Date Incorporated or Qualified <u>02/13/1995</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1900 MCNAB AVENUE 65-0556235 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing DEIRAY BEACH 23 28 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 BROWARD 29 30 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KURLAND, SHELDON C FRANCES FARIEIIO 9853 PINES BLVD Street Address (P.O. Box Number is Not Acceptable) 82 PEMBROKE PINES FL 33024 83 Suite 2B1 Zip Code 33067 CORAI SPRINGS 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, Secretary 97.0505, Florida Statutes. FRANCES FARIETIO Registered Agent signature OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE Change 11100 **FARIELLO, FRANCES** NAME 1.2 NAME 8222 WILES RD SUITE 281 STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL 33067** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change __ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 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 of on an attachment with an address?

CHATURE of 1011001 The State of Februar Footell

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