

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000016687 (2)**

1. Corporation Name

AAYS TRANSPORTATION, INC.



Principal Place of Business

**221 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311**

Mailing Address

**221 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311**

2. Principal Place of Business

21 1800 N.W. 23rd Avenue

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 6018

Suite, Apt. #, etc.

22 City & State

23 Ft. Lauderdale, FL

Zip

24 33310

Country

25 USA

27 City & State

28 Ft. Lauderdale, FL

Zip

29 33310

Country

30 USA

9. Name and Address of Current Registered Agent

**LAW OFFICES OF JOHN M. CAMILLO, P.A.
1800 WEST COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified

02/28/1995

3a. Date of Last Report

4. FEI Number

65-0559246

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 registered agent and State of Florida

Signature, typed or printed name of registered agent and State of Florida

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D GADDIS, KESSE P**
STREET ADDRESS **221 W. OAKLAND PARK BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE ☐ DELETE

NAME **D LAPOINTE, ROBERT**
STREET ADDRESS **221 W. OAKLAND PARK BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

V/D

P/D

S/T

**Philip E. Morgamen
221 W. Oakland Park Blvd.
Ft. Lauderdale, Florida 33311**

**900001816029
-05/10/96--01012--008
***200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

(305) 8876223

DATE

DAYTIME PHONE

CR2E034 (12/95)