

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000026632 (6)

1. Corporation Name

TOUCAN TRANSPORTATION, INC.



Principal Place of Business

14761 MADISON PLACE
DAVE FL 33325

Mailing Address

14761 MADISON PLACE
DAVE FL 33325

2. Principal Place of Business

2a. Mailing Address

21 5030 S SR 7

26 P.O. Box 6130

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Ft Laud.

28 City & State

Hollywood

24 Zip

33314

25 Country

Broward

29 Zip

333021

30 Country

Broward

9. Name and Address of Current Registered Agent

MUCHA, MICHAEL
14761 MADISON PLACE
DAVE FL 33325

3. Date Incorporated or Qualified

04/04/1995

3a. Date of Last Report

4. FEI Number

65-0573173

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$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

DARREN KANNING

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

5030 S SR 7

83

84 City

Ft Laud

FL

85 Zip Code

33314

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

Darren Kanning

DARREN KANNING

4-26-96

Signature typed or printed name of registered agent (if not applicable)

(Print) Registered Agent Signature (if not applicable)

(Date)

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME MUCHA, NORMA A
STREET ADDRESS 14761 MADISON PLACE
CITY-ST-ZIP DAVE FL 33325 ☐ DELETE

TITLE VDS
NAME MUCHA, MICHAEL
STREET ADDRESS 14761 MADISON PLACE
CITY-ST-ZIP DAVE FL 33325 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE DARREN KANNING VP ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS 5030 S SR 7
2.4 CITY-ST-ZIP Ft Laud FL 33314

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Darren Kanning

DARREN KANNING

4-26-96

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)