1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000027094**1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90058 031 ***158.75

TRANSP	ORT CARRIER, INC.	,	_						
Principal Place	e of Business	Mailing Address						431 18811 88119 1	PICT BIBL (95)
1135 S.W. 24TH	1 AVENUE	1135 S.W. 24TH AVENUE							
BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426			26			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						04/05/1995			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21		26				NOT APPLICABLE			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22	<u> </u>	- 27					<u> </u>	Fee Red	
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00 I Added to	
23		28	Cou	intra		Trust Fund Contribution			rees
Zip	Country	Zip	30	ши у		 This corporation owes the curre Personal Property Tax. 			□No
24	9. Name and Address of Current	29 Registered Agent	[30]	Ι		10. Name and Address of New Re			
	a. Hame and Addides of Callette			81	Name				
FRAI	NCIS, ALFONSO				Charl Addr	ss (P.O. Box Number is Not Acceptat	do)		
1135	S.W. 24TH AVENUE			82	Street Addre	SS (P.O. BOX NUMBER IS NOT Acceptat	ne)]
BOY	NTON BEACH FL 33426			83					
			1	84	City			85 Zip C	nde
					•		<u>FL</u>	11.	
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligati	of Florida, Such change was a	authonzed	d by t	the corporation	ration submits this statement for the parties board of directors. I hereby accept	urpose of o the appoin	tment as reg	egistered pistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	i Agent	signature required		DATE		
12.	OFFICERS AND		13.		—-т	ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	D	, 🗋 DELETE	1.1 11					Change	Addition
NAME .	FRANCIS, ALFONSO		1.2 NA						,
STREET ADDRESS	1135 S.W. 24TH AVENUE				ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 33426	☐ DELETE		ITY-ST	-ZIP				
TITLE			24 TP	TI E				☐ Change	☐ Addition
NAME		1 Deterie	2.1 TF					Change	Addition
STREET ADDRESS		Deter	2.2 N/	AME	ADOBESS			Change	Addition
CITY-ST-ZIP		Detter	2.2 N/ 2.3 S7	AME TREET	ADORE\$S			☐ Change	☐ Addition
NAME		DELETE	2.2 N/ 2.3 ST 2.4 C	AME TREET /				☐ Change	Addition
STREET ADDRESS			2.2 N/ 2.3 S7	AME TREET / CITY-ST					
			22 N/ 23 S7 2.4 C 3.1 TII 3.2 N/	AME TREET / CITY-ST ITLE:		پن در است در			
			22 N/ 23 ST 2.4 C 	AME TREET OTTY-ST TLE AME TREET	r-zip Address				
CITY-ST-ZIP			22 N/ 23 ST 2.4 C 	AME TREET, TILE AME TREET, CITY-ST	r-zip Address				
CITY-ST-ZIP		co ☐ DELETE	22 N/ 2.3 S7 2.4 C — 3.1-III 3.2 N/ 3.3 S7 3.4 C	AME TREET / ITLE: AME TREET / CITY-ST	r-zip Address			Change	Addition
CITY-ST-ZIP		co ☐ DELETE	22 N/ 2.3 ST 2.4 C 3.1-TI 3.2 N/ 3.3 ST 3.4. C 4.1 TI 4.2 N/	AME TREET CITY-ST TLE TREET TILE TILE NAME	r-zip Address			Change	Addition
CITY-ST-ZIP TITLE NAME		co ☐ DELETE	22 N/ 2.3 ST 2.4 C — 3.1 TI 3.2 N/ 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST	AME TREET CITY-ST TLE TREET TILE TILE NAME	ADDRESS ADDRESS ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		co ☐ DELETE	22 NV 23 ST 2.4 C 3.1 III 32 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT	AME TREET, TILE AME TREET, TILE IAME TREET, TILE TREET, TILE TREET, TILE	ADDRESS ADDRESS ADDRESS			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELETE	22 NV 23 ST 2.4 C 3.1 II 32 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV	AME TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE AME	ADDRESS 1- ZIP ADDRESS - ZIP			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ DELETE	22 NV 23 ST 2. 4 C 3.1 III 32 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST	AME TREET, AME TREET, TITLE TREET, TITLE TREET, TITLE TREET, TITLE AME TREET, TITLE AME	ADDRESS -ZIP ADDRESS ADDRESS ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	22 NV 23 ST 2.4 C 3.1 II 32 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST	AME TREET, AME TREET, TITLE TREET, TITLE TREET, TITLE TREET, TITLE AME TREET, TITLE TREET, TR	ADDRESS -ZIP ADDRESS ADDRESS ADDRESS			Change	Addition Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	22 NV 23 ST 2.4 C 3.1.TI 32 NV 3.3 ST 34. C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NV 5.3 ST 5.4 CI 6.1 TI 6.2 NV	AME TREET/ TITLE AME TREET/ TITLE	ADDRESS 1- ZIP ADDRESS 2-ZIP ADDRESS 2-ZIP			Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE		DELETE	22 NV 23 ST 2.4 C 3.1 TI 32 NV 3.3 ST 34. C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.4 CI 6.1 TT 6.2 NV 6.3 ST	AME TREET/ TITLE AME TREET/ TITLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP			Change	Addition Addition

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: '

561 7362742 Daytime Phone #