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

PROFIT ~CORPORATION ÁNNUAL REPORT

1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am **Secretary of State**

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DOCUN 1. Corporation	MENT # P95000	040453					0 2 10 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
FLEETCR	AFT (AMERICA), INC.										
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								1101 1 1111 1 1 111 1	SHI KUM KUM T	en ben ender	å
Principal Place of Business Mailing Address											
1325 NW 93 CT SUIT3 B115 1325 NW 93 CT SUITE B115											
MIAMI FL 33172 MIAMI FL 33172 US US								ITE IN THIS	SPACE		
03		00				3. D	ate Incorporate	ed or Qualifed	d		
							<u> 5/22/1995</u>				
2. Principal Pl	ace of Business	2a. Mailing Ad	2a. Mailing Address				El Number			<u> </u>	plied For
21		26					9-3327012			\$8.75 A	t Applicable
Suite, Apt.	#, etc.	— — · · · ·	Suite, Apt. #, etc.				Certifcate of Sta	tus Desired		Fee Re	
22		City & State					lection Campa	on Financino		\$5.00	May Re
City & State	е	28	⊢ ′				rust Fund Con	_		Added to	· .
Zip				Country		вт	his corporation	owes the cu	rrent year Inta	ıngible	
24						P	ersonal Proper	ty Tax.		Yes	□No
	9, Name and Address of Currer				J	10.	lame and Add	ress of New	Registered A	rgent	
				81	Name						
CLAPS, LOUIS JOHN CPA					Street	Address (P.C	D. Box Number	is Not Accep	table)		
1381 NW 127TH DRIVE				<u> </u>							
SUNRISE FL 33323				83		•					4. 1. 1.1
i				84	City				FL	85 Zip (Code ()
						1tion /	aubmite this sta	toment for th		hanging its	registered
	to the provisions of Sections 607.050 egistered agent, or both, in the State					oration's boa	rd of directors.	I hereby acc	ept the appoir	itment as re	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 66	07.0505, Florid	la Statutes.							
SIGNATURE	Signature, typed or printed name of registered age	at and title if proliceble	(NOTE: R	enistered Agen	signature n	required when rein	nstating)		DATE		
12.		ND DIRECTORS	(1101211	13.			DDITIONS/CH/	NGES TO O	FFICERS AN	D DIRECTO	RS IN 12
TILE	P] DELETE	1.1 TITLE						☐ Change	Addition
NAME	MILKINS, WAYNE A			1.2 NAME					L 18 6		
STREET ADDRESS	1355 NW 93RD CT. #A-104			1.3 STREET ADDRESS		3					
CITY-ST-ZIP	MIAMI FL 33172			1.4 CITY-ST-ZIP						_==	
TITLE	٧			2.1 TITLE						Change	Addition
NAME	MILKINS, WENDY P			2.2 NAME		;					
STREET ADDRESS	1355 NW 93RD CT. #A-104			2.3 STREET	ADDRESS	\$					
CITY-ST-ZIP	MIAMI FL 33172			2. 4 CITY-S	T-ZIP	,				Change	Addition
TITLE		L] DELETE	3.1 TITLE						□ Change	
NAME				3.2 NAME		.					
STREET ADDRESS				3.3 STREET		5					
CITY-ST-ZIP			DELETE	3.4. CITY-S 4.1 TITLE	T- ZIP			-		Change	Addition
TITLE			J DELETE	4.1 INCE						_ ,	_
- NAME				4.3 STREET	ADDRESS						
STREET ADDRESS				4.3 STREET		1					
CITY-ST-ZIP			DELETE	5.1 TITLE	- 411	-				☐ Change	Addition
NAME			· · -	5.2 NAME							
STREET ADDRESS				5.3 STREET	ADDRESS	s					
CITY-ST-ZIP				5.4 CITY-S	r-ZIP						
TITLE			DELETE	6.1 TITLE						☐ Change	☐ Addition
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET	ADDRESS	s					
,	1	_ `		-		1					

his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information finual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an er or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ment with an address, with amother like empowered. 14. I hereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation or the received Block 12 or Block 13 if changed, or on an attack.

SIGNATURE: 入