PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000048982

1. Corporation Name

ASSOCIATED TRANSPORTATION OF FLORIDA, INC.

,											
Principal Place	e of Business	3	Mailing Address						16 8588 1 58110 101	191 19419 1181 1891	
10359 ORANGEWOOD BLVD ORLANDO FL 32821 US			10359 Orangewood BLVD Orlando Fl. 32821 US					DO NOT WRITE IN THI	S SPACE		
03			00					3. Date Incorporated or Qualifed			
}								06/21/1995			
2. Principal Pl	lace of Busin	ess	2a. Ma	ailing Address				4. FEI Number	1 /	Applied For	
21				26				59-3325816		Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				,	\$8.75	Additional	
22			27	27				5. Certifcate of Status Desired	Fee F	Required	
City & State				City & State				6. Election Campaign Financing	\$5.0	0_мау Ве	
23				28				Trust Fund Contribution Added to Fees			• -
Zip				Zip Country				8. This corporation owes the current year Intangible			
24		25	29	29 30				Personal Property Tax. ☐ Yes X☐No			
		and Address of Curren				1		10. Name and Address of New Registere	d Agent		
						81	Name				
RAEI	MAN, SUSA	N T				82	C1	and (D.C. Day Number in Net Apportula)			
10359 ORANGEWOOD BLVD							Street Addre	ess (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 3	32821				83					
1						84	City	F	85 Zip	o Code	
ł								•		te registered	
44 Duramant	to the provin	one of Sections 607.050	2 and 607	1508 Florida Statut	ac the al	hove-	named corno	oration submits this statement for the purpose (or chandina i		
l office or re	egistered age	ions of Sections 607.050 ent, or both, in the State th, and accept the obliga	of Florida.	Such change was a	uthorized	o by tr	-named corpo he corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing i ointment as	registered	
l office or re	egistered age m familiar wi	ent, or both, in the State th, and accept the obliga	of Florida. Stitions of, Se	Such change was a ection 607.0505, Flo	uthorized rida Stati	utes.	ne corporatio	on's board of directors. Thereby accept the app	ointment as	registered	
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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 pepert 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 of 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 chapted, of on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

(407) 345-0020

☐ Change

Addition

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

04-20-1999 90232 006 ***158.75