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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of

DIVISION OF CORPORATIONS

FILED Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90007 050 ***150.00

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DOCU	MENT # P9500	0056456								_	
7. Corporatio	A11401110								-		
ANNE	ie's auto transport, i	INU.					i countage eta résigi diatri desti d'Oric i	10111 1 1 001 611	B E1111 B168	1 BLUE B 1111 EB 81	
Principal Plac	ce of Business	Mailing Addres	s		_		{	navir navar avi	18 8107 878 8	1 8(1)8 811/1987	
6525 LA JOLL		6525 LA JOLLA									
ORLANDO FL		ORLANDO FL 3					DO MOT MINOR	IN THIS SI	2405		
							DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SI	PACE		1
							07/20/1995				1
A 600 0.00	New of Charles	Za. Mailing Add	lroes .				4. FEI Number	<u>:-</u>	TA	oplied For	1
 -	Place of Business	26	4030		,		59-3370578			ot Applicable	1
Suite, Apt	# etc	Suite, Apt.	#, etc.		_				\$8.75	Additional	1
22		27					5. Certificate of Status Desired L	<u> </u>	Fee R	equired]
City & Sta	te	City & State					8. Election Campaign Financing	7		May Be	
23		28					Trust Fund Contribution			to Fees	1
Zip	Country	Zip		_Cour	itry,	~	= 8.=This corporation owns the current				1
24	25	29	30	1			Personal Property Tax. 10. Name and Address of New Reg		Yes	□No	1
	9. Name and Address of Curr	ent Registered Agent			81	Name	10. Name and Addises of least Keg	POLICE AND	-100		1
MC	ADAMS, ANNETTE			1							7
6525 LA JOLLA STREET				82 Street Addre			ress (P.O. Box Number is Not Acceptable)			ĺ
	LANDO FL 32818			1	83						1
				- 1	_				0 7 7m	Code	4
					84	City		FL			1
11. Pursuant	t to the provisions of Sections 607.0	502 and 607.1508, Flo	rida Statules,	the ab	ove	-named con	poration submits this statement for the pu	rpose of ch	anging Its	registered	[
office or	registered agent, or both, in the State am familiar with, and accept the obli-	te of Florida. Such cha gations of, Section 607	nge was auth 2.0505, Florida	onzed a Statu	by 195.	une corporau	ooration submits this statement for the pu on's board of directors. I hereby accept the	no apponia	ingili do r	,gioto. o d	}
SIGNATURE	•										(
	Signature, typed or printed name of registered a		(NOTE: Re		(Qen	t signature require	ad when minetating) ADDITIONS/CHANGES TO OFFIC	DATE AND	DIRECTO	NRS IN 12	CR2E034 (11/98)
12.		AND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFIC		Change	Addition	17
TITLE	D MCADANG ANNETTE		DELL'IL	1.2 NAME 1.3 STREET ADDRESS							Z Z
NAME	MCADAMS, ANNETTE 6525 LA JOLLA ST.					ADDRESS					18
STREET ADDRESS	ORLANDO FL 32818			1.4 CITY-ST-ZP		t t] 🖫
CITY-ST-ZIP TITLE	ORDANDO I E SEDIO		DELETE	2.1 TITLE		-] Change	Addition	75
NAME				2.2 NAJ	WE						
STREET ADDRESS	s)					ADDRESS					1
CITY-ST-ZIP				2.4CT	Y-5	T-ZIP					4
TITLE	 	0	DELETE	3.5 TIT				_(Change	Addition	1
NAME				32 NA	WE	Ì			~	-	1
STREET ADDRESS	s			3.3 STF	REET	ADDRESS					}
_CITY-ST-ZIP .				3.4. CITY-ST-ZIP		T-ZIP			Change	Addition	.
TITLE			DELETE "	4.1 TET) [criange		1
NAME				4 2 NA							ſ
STREET ADDRESS	s		1			ADDRESS					
CITY-ST-ZIP				4.4 CITY-ST-ZEP			<u>-</u>	Change	Addition	. 1	
TITLE			3.1 HIL	5.1 TITLE 5.2 NAME							
NAME						l.					1
	-			52 NA	ME	ADORESS					
STREET ADDRESS	s			5.2 NA/ 5.3 STF	ME REET	ADDRESS					
CITY-ST-ZIP	5		OELFTE	52 NA	ME V-SI				Change	☐ Addition	
CITY-ST-ZIP TITLE		a	DELETE	52 NA 5.3 STR 5.4 CIT 6.1 TITE	ME Y-SI LE				Change	☐ Addition	
CITY-ST-ZIP		â	DELETE	52 NA 5.3 STE 5.4 CIT 6.1 TITE 6.2 NA	ME Y-ST LE				Change	☐ Addition	

14. 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 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: (

CITY-ST-ZIP