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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000059144 (2)

GIPSY KING TRANSPORT, INC.

Principal Place of Business Mailing Address

5408 DEER CREEK DRIVE 5408 DEER CREE
ORI ANDO EL 32891 ORI ANDO EL 32891

FILED May 14 1997 8:00am Secretary of State

5408 DEER CREEK DRIVE ORLANDO FL 32821		ORLANDO FL 32821-7615								
						3. Date Incorporated or Qualified 07/28/1995		3e. Date of Last Report 05/01/1996		
2. Principal P	lace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Numb	e r		· · · · · · · · · · · · · · · · · · ·	plied For
21		26				59-333	0931	*	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.		5. Certificate	of Status Desired	\$8.75 Additional Fee Required			
City & Stat	City & State		City & State			ampaign Financing Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip		Country	/	8. This corpo	ration has liability for i			199.032,
4	25	29		30		Florida Sta		Yes 🗌		
* *************************************	9. Name and Address of Cu	rrent Registered Ager	nt		1-1	10. Name and	Address of New Re	gistered Ag	ent	
	es, robert s			81	Name			1		
	West vine Street			82	Street Add	Iress (P.O. Box Nu	mber is Not Acceptab	le)		
KISS	SIMMEE FL 34741			· · · · ·	<u> </u>					
				83	i					
				84	City			· · · · · · · · · · · · · · · · · · ·	0E 700 (Code
				47	City			FL	85 Zip (2000
 Pursuant office or ragent. La 	to the provisions of Sections 607, egistered agent, or both, in the S ni familiar with, and accept the ol	0502 and 607.1508, Fl tate of Florida. Such ch bligations of, Section 6	orida Statut nange was a 07.0505, Flo	es, the abov authorized by orida Statute	e-named cor y the corpora s	poration submits t ition's board of dir	his statement for the p ectors. I hereby accep	urpose of ch the appoin	nanging it ntment as	s registered registered
SIGNATURE	5%) white Hyperd or printed name of registerer	d agent and title if applicable	(NOT	E: Registered Ag	ent signature requ	ired when reinstating)		DATE		
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS	/CHANGES TO OFFIC	ERS AND D	IRECTOR	S IN 12
TITLE	PSD		DELETE	1.1 TITLE				L	Change	Addition
NAME	GARCIA, ALFONSO E			1.2 NAME						
STREET ADDRESS	5406 DEER CREEK DRIVE			1.3 STREET	ADDRESS					
CHY-ST-ZIP	ORLANDO FL 32821			1.4 CITY-5	ST-ZIP					
DILLE			DELETE	21 TITLE					Change	Addition
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREET	TADDRESS		•			
C(1Y - S1 - Z)P				2.4 CITY-						
TITLE			DELETE	3.1 TITLE	31-211	· · · · · · · · · · · · · · · · · · ·		T	Change	Addition
NAME		سب		3.2 NAME			. 4	· · · · ·	, change	, <u> </u>
					* 4 000000			1 11		
efocul announce				3.3 STREET						
						`. · ·				
CHTY-ST-ZIP			DELETE	3.4 CITY	ST-ZIP			·····	Change	Addition
CHTY - ST - ZIP TITLE			DELETE	4.1 TITLE		·. · · · · · · · · · · · · · · · · · ·		. L	Change	Addition
CHTY - ST - ZIP TITLE NAME			DELETE	4.1 TITLE 4.2 NAME				<u>.</u>	Change	Addition
CHY-ST-ZIP TITLE NAME STREEL ADDRESS			DELETE	4.1 TITLE 4.2 NAME				· · · · · · · · · · · · · · · · · · ·	Change	Addition
CHY-ST-ZIP TILLE NAME STREEL AUDRUSS CHY-S1-ZIP				4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-5	T ADDRESS					
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE			DELETE	4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE	T ADDRESS				Change Change	
CHY-ST-ZIP TITLE NAME STRIFT ADDRESS CHY-ST-ZIP TITLE				4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-5	T ADDRESS					
STREET ADDRESS GRY-ST-ZIP THEE NAME STREET ADDRESS GRY-ST-ZIP THEE NAME STREET ADDRESS STREET ADDRESS				4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-5 5.1 TITLE 5.2 NAME	T ADDRESS					
CHY-ST-ZIP THEF NAME STREEL ADDRESS CHY-ST-ZIP THEE NAME			DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-5 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP] Change	Addition
CHY-ST-ZIP TOLE NAME STREEL ADDRESS CHY-ST-ZIP TOLE NAME STREEL ADDRESS				4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS ST-ZIP					Addition Addition
CITY ST-ZIP TITLE NAME STREEL ANDRUSS CITY ST-ZIP TITLE NAME STREET ANDRESS CITY ST-ZIP			DELETE	4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE* 5.4 CITY-5	T ADDRESS ST-ZIP] Change	Addition
CHY-ST-ZIP TITLE NAME STREEL ADDRESS CHY-ST-ZIP TITLE NAME STREEL ADDRESS CHY-ST-ZIP TITLE			DELETE	4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE* 5.4 CITY-5 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP] Change	Addition

information indicated on this annual report or supermental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it 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 or principal error an attachment with an address.

SIGNATURE

9-29-91

107-238-0412 Daytine Phone 4