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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9500062041 (5)

DONALDS CARGO CARRIER, INC.

Principal	Place of	Business	

## **FILED** Apr 09 1998 8:00am Secretary of State



Mailing Address 1382 NORTHWEST 126TH WAY 1382 NORTHWEST 126TH WAY SUMPLISE FL 33323 SUNRISE FL 33323 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/10/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Number 65-0602106 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEWIS, EDGAR 200 S. BISCAYNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) 20TH FLOOR **MIAMI FL 33131** City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature: typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ DELETE \_\_\_ Addition PVTD TITLE 1.1 TITLE DONALDS, JOHN E NAME 12 NAME 1382 NORTHWEST 126TH WAY STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33323 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE DONALDS, KATHY Y 22 NAME MALAF 1382 NORTHWEST 126TH WAY STREET ADDRESS 23 STREET ADDRESS SUNRISE FL 33323 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE MALIF 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, by on an attendment with an address.

SIGNATURE: