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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078895 (6)

MARTU	ICCI TRANSPORTATION IN	C.			
Principal Plac	e of Business	Mailing Address			
5126 COMME SPRING HILL US		5128 COMMERCIAL WA SPRING HILL FL 34606 US	Υ		DO NOT WRITE IN THIS SPACE
00		00			3. Date Incorporated or Qualified
					10/10/1995
2. Principal P	Place of Business	2a, Mailing Address			4. FEI Number Applied F
1		26			59-3341384 Not Applic
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required
City & Stat	0	City & State			6. Election Campaign Financing \$5.00 May Be
3		28			Trust Fund Contribution Added to Fees
_ Zip	Country	Zip	Count	iry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	nt Registered Agent		d None	10. Name and Address of New Registered Agent
	ARTUCCI, ALFRED P		8	1 Name	
	35 CORONET CT.		8	2 Street	t Address (P.O. Box Number is Not Acceptable)
◆ SP	RING HILL FL 34609		8	3	
				4 City	85 Zip Code
			l°	City	FL 63 Zip Cool
SIGNATURE		ID DIRECTORS	13.		re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	☐ DELETE	1.1 TO LE		☐ Change ☐ Ad
NAME	MARTUCCI, ALFRED 2435 CORONET CT.		1.2 NAM		10244 TOOK. LAKE BIND
STREET ADDRESS	SPRING HILL FL 34609			ET ADDRESS	
CITY-\$1-ZIP	VS	DELETE	2.1 TITLE	- ST - ZIP	Brooksville 71 346/3
NAME	MARTUCCI, SHARON K	D 424411	2.2 NAM		
STREET ADDRESS	2435 CORONET CT.			ET ADDRESS	10244 Tooke LAKE 20100
CITY-ST-ZIP	SPRING HILL FL 34609			-ST-ZIP	10244 Tooke LAKE DIVD Brooksuille 71 34613
TITLE		☐ DELETE	3.1 TITLE		Change Ad
NAME			3.2 NAM	E	
STREET ADORESS			3.3 STRE	ET ADDRESS	
CITY-\$T-ZIP			3.4. CITY	- ST- ZIP	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Ad
NAME			4. 2 NAN	S E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY		
TITLE		☐ DELETE	5.1 TITLE		Change Ad
NAME			5.2 NAM		
STREET ADDRESS				ET ADDRESS	1
CITY-ST-ZIP		DELETE		-ST-ZIP	Change Ad
NAME		€) order	6.1 TITLE		
STREET ADDRESS			6.2 NAM		
CITY-ST-ZIP				E1 ADDRESS - St - Zip	
			■ 0.9 UIIT	11 * / (F	1

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 report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE: MAJPONOSTULI GES ALPRED MARTINES U-20-98 25-537-30