## FILE NOW: FILING FEE AFTER MAY 1ST IS \$ .00 **PROFIT** STATE CORPORATION

ANNUAL REPORT 1998

Secretary of Sta

DIVISION OF CORPOR

## **FILED** Mar 18 1998 8:00am Secretary of State

	MENT # P96000 MORICE TRANSPORT, INC.	016477 (7)	*		1212 BIOL BARI SENI HEN 1811
Principal Plac	e of Business	Mailing Address		- I TABATADAT ITA EDISA BITAT MATUS ABRES BATAT ABLOS I	aman manat dalban ambas amma amba
7951 N. TURT	TIF AVE.	7951 N. TURTLE AVE.			
SARASOTA FL 34243		SARASOTA FL 34243			111161
				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
Dringing D	face of Business	2a. Mailing Address		02/22/1996 4. FEI Number	Applied For
21	iace of ciosiness	26		65-0646844	Applied For Not Applicable
Suite, Apt.	# etc.	Cuita Ant # ata			\$8.76 Additional
22 287	N.W. 86th Place	27 287 N.V	U. 85th Place	5. Certificate of Status Desired	Fee Required
City & State	6	City & State		6. Election Campaign Financing	\$5.00 May Be
23 M1a	M: FL. 33126	28 MILLAMI	Florida	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24 33	26   25	29 33 126	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name A A	10. Name and Address of New Registers	d Agent
MORICE, CARLOS R 3850 GREENWAY DRIVE #1004 SARASOTA FL 34232			82 Street Addi	less (P.O. Box Number is Not Acceptable)	L 85 Zip Code 33126.
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 amiliar ratio and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or proted name of forced name of forced name of figure and tritle if applicable (NOTE Registered Gent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PTD 7	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORICE, CARLOS R		1.2 NAME		
STREET ADDRESS	3850 GREENWAY DRIVE #100	1	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CiTY-ST-ZIP		]
TITLE	V\$D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
KAME	MORICE, BRENDA X		2.2 NAME		
STREET ADDRESS	3850 GREENWAY DRIVE #100	<b>\$</b>	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-ZIP			3.4. CITY+ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TIPLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby of indicated	certify that the information supplied with on this annual report or supplemental	riois tiling does not qualify fo armual report is true and acc	or the exemption stated in urate and that my signatu	Section 119.07(3)(i), Florida Statutes. I further ire shall have the same legal effect as if made	certify that the information under oath; that I am an

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