**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000046670 (1)

L S AUTO TRANSPORT INC.

Principal	Place of	Business
DT 1 B/	W 449	

Mailing Address

RT 1 BOX 117

## **FILED** May 11 1998 8:00am Secretary of State



SAN MATEO FL 32187		san mateo f	SAN MATEO FL 32187		DO NOT WRITE IN THIS SPACE					
							<ol> <li>Date Incorporated or Qualified 05/28/1996</li> </ol>			
2. Principal Pi	lace of Business		2a. Mailing Add	iress			4, FEI Number			Applied For
21			26				59-3379885			Not Applicable
Suite, Apt.			Suite, Apt. 4				5. Certificate of Status Desired			5 Additional Required
City & State	Đ		City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
Zip		Country	Zip		Counti	v	a. This corporation owes or has p			
24	25		29		30	,	Personal Property Tax due Jun		Yes	□ No
		Address of Curre	nt Registered Agent		1		10. Name and Address of New R			
W	LIAMS, BREND				8	Name		-		
	S CRILL AVE.	•				<u> </u>				<u>,</u>
	LATKA FL 3217	7			B		ddress (P.O. Box Number is Not Accepte			
					8:					
					84	City		FL	85 Z	ip Code
11. Pursuant to office or reagent. I as	to the provisions of egistered agent, of m familiar with, an	of Sections 607.050 or both, in the State of accopt the oblig	02 and 607.1508, Flor e of Florida. Such cha gations of, Section 607	ida Statute nge was a 7.0505, Flo	es, the about outhorized b orida Statute	ve-named c by the corpo es.	corporation submits this statement for the pration's board of directors. I hereby accor-	purpose of opt the app	changin ointment	g its registered as registered
SIGNATURE	Signature, typed or print	ad name of registered ag	ent and blin if applicable	(NOTE	Registered A	pent signature re	equired when reinstating)	DATE	···········	
12.		OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECT	ORS IN 12
TITLE	D			ELETE	1.1 TITLE				Charg	ge 🔲 Addition
NAME	YOUNG, JOH				1.2 NAME					
STREET ADDRESS	RT 1 BOX 11	7			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	san mateo	FL 32187			1.4 CITY -	ST-ZIP				
TITLE	D			ELETE	2.1 TITLE				Chang	e Addition
NAME	YOUNG, LIN				22 NAME					
STREET ADDRESS	RT 1 BOX 11				2.3 STAFE	T ADDRESS				
CITY-ST-ZIP	SAN MATEO	FL 32187			2. 4 CITY	-ST-ZIP		•		
TITLE				ELETE	3.1 TITLE				Chang	e Addition
NAME					3.2 NAME	1				
STREET ADDRESS					1	T ADDRESS				
City-St-ZiP					3.4. CITY-					
TITLE				ELETE	4.1 TITLE				Chang	e Addition
NAME					4. 2 NAME	. ]				•
STREET ADDRESS					4	T ADDRESS				
CITY-SI-ZIP					4.4 CITY-					
TITLE			D	ELETE	51 TITLE	J. 211			Chang	e Addition
NAME					5.2 NAME	1				<del></del>
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP					5.4 CITY-					
TITLE	<del></del> ,			ELETE	6.1 TITLE	31-ZIF		<del></del> .	☐ Chang	e Addition
NAME	•				6.2 NAME					
						ľ				
STREET ADDRESS					6.3 STREE	T ADDRESS				

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the receiver of the receiv

SIGNATURE: