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

PROFIT: CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000049458

PREMIER TRANSPORTATION INC.

					[	if Millia i Giff áil	ENS NOOM ONG LAND
Principal Place of Business Mailing Address							
7508 CHESTER TERRACE 7508 CHESTER TERRACE							
<b>BOCA RATON</b>	FL 33433	BOCA RATON FL 33433			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	O OI AOL	
					1 '		
					06/10/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0678705		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	* *	Additional
22		27			<b>3</b> .	Fee	Required
City & State City & State					6. Election Campaign Financing		
23					Trust Fund Contribution	Added to Fees	
Zip	Country		Country	1	8. This corporation owes the current year I	ntangible	
	25	29 30			Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Curre				10. Name and Address of New Registere	d Agent	
	g. Indine and Addition of Gara		81	Name			
KI FI	IN, JEFFREY G	•					
	ON MILITARY TRAIL STE 270		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33431			83				
ВОС	A RATOR FL 30401		0.3	'			
			84	City		85 Zi	p Code
				1	corporation submits this statement for the purpose		
agent. I a	am familiar with, and accept the oblig	pations of, Section 607.0505, Florida	Statute:	s	ration's board of directors. I hereby accept the app	499	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Regi	tered Age	ent signature rec	quired when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE 1.1 T			• •	Chang	e Addition
NAME	SHER, STANLEY W		1.2 NAME				
STREET ADDRESS	TOO CHECTED TENDACE		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33433	ı	1.4 CITY-5	ST-ZIP			
TITLE			2.1 TITLE			Chang	ge 🔲 Addition
	_		2.2 NAME				
NAME				ET ADDRESS			
STREET ADORESS	5	1					
CITY-ST-ZIP			2.4 CITY- 3.1 TITLE	31-ZP		Chang	e Addition
TITLE	** :					<u> </u>	_
NAME	Re Factor &		3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP	·			ST-ZIP			-
TITLE		☐ DELETE	4.1 TITLE			· Chang	ge 🗍 Addition
NAME			4. 2 NAME	:			
STREET ADDRESS			4.3 STREI	ET ADDRESS			
·	1		4.4 CITY-	ST-ZIP			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			Chan	ge 🔲 Addition
TITLE		<del>-</del>	5.2 NAME	İ			
NAME				ET ADDRESS			
STREET ADDRESS	3	İ		l			
CITY-ST-ZIP	1 6		5.4 CITY-	SI-ZP			
CHT-ST-ZIP		□ DELETE	6.1 TITLE		<del></del>	☐ Chan	ge 🗌 Addition

**FILED** Jan 22, 1999 8:00am **Secretary of State** 

01-22-1999 90020 045 \*\*\*150.00



6.4 CITY-ST-ZIP CITY-ST-ZIP 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 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 an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE