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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000078531

1. Corporation Name

AT YOUR SERVICE TRANSPORTATION, INC.

## Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90140 043 \*\*\*150.00



Principal Place of Business Mailing Address								יו שנג ומקוושקו ו		עם ווופט נווען	ו ושושי ושטטי זון	))) <b>((((((</b>	ופפו ופוו נקו
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Suite, Apt. #, etc.			Suite, Apt. #, etc.								\$8.7		ditional
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City & State			City & State					. Election Campaig	n Financing		\$5.0	00 м	ay Be
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24	25	29		30	30			Personal Property Tax.					
	9. Name and Address of Curr	ent Register			<u> </u>		10	. Name and Addr	ess of New	Registere	d Agent		
					81	Name							İ
	ENEZ, M E				82	Street A	Address (	P.O. Box Number i	s Not Accen	table)			
1146 HACKBERRY DR			•			Olicolii	1000 (	dress (P.O. Box Number is Not Acceptable)					
ORL	ANDO FL 32825				83								
					84	City					85 Z	ip Co	
					04	City				F	'L  ""  1	.ip 00	
11. Pursuant	to the provisions of Sections 607.0	502 and 607	1508, Florida Statut	es, the a	pove	-named c	corporatio	on submits this stat	ement for the	e purpose	of changing	its re	gistered
office or re	egistered agent, or both, in the Sta	te of Florida.	Such change was a	uthorized	i by :	the corpor	ration's D	ooard of directors, i	nereby acce	epi ine api	oomunent a	regis	stereu
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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.

SIGNATURE: