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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

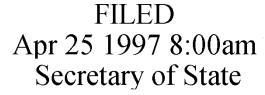
DOCUMENT # P96000093575 (4)

MA FAVORITE TRANSPORTATION, INC.

Principa' Place of Business
19164 N.W. 30TH COURT CAROL CITY FL 33066

Mailing Address

19184 N.W. 30TH COURT CAROL CITY FL 33056-2410





									 Date Incorporated or Quality 11/15/1996 	Date of Last Report			
2. Principal Place of Business 21 1916# NW3oCT				28. Mailing Address 26. 19164 NW 30CT				4, FEI Number 65-070345	4		Applied For lot Applicable		
Suite, Apt 22	# etc.	2	Suite, Apt. #, etc.				5. Certificate of Status Desire	d [\$8.75 Additional Fee Required				
City & State 23 CAR (FLOR	DA 2	City & Sta		4 5	٠.		Election Campaign Financi Trust Fund Contribution	-		May Be to Fees	
24 330 5	L-24025	1	Zip Country 29 33056-24030 USA				Δ	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
SEMELFORT, MARC C 19164 N.W. 30TH COURT							81 Name						
							82 Street Address (P.O. Box Number is Not Acceptable)						
CAR	ROL CITY FL 3309	56				83	83						
			-	ا مر			City		[85				
				7		[84	City				FL 85 Zip	Code	
office or r	to the provisions of registered agent of im familiar with	Sortions 617 Doi: Till S Cert thy o	tate of	d ed 508, Fo of 1 Just ch s of Section 60	orida Statutes lange was aut 07.0505, Florid	the abov horized by da Statute	e-named y the corp s.	corpor poration	ration submits this statement for n's board of directors. I hereby a	the purp	Dose of changing the appointment as	its registered s registered	
	Sage pine			litie if applicable	(NOTE: F	Registered Age	ent signature	required	when reinstating)		DATE	4	
12.		OFFICERS	AND QU	RECTORS	DELETE	13.	— т		ADDITIONS/CHANGES TO	OFFICER			
NAME	SEMELFORT, N	IARC C		L	DELETE	1,1 TITLE 1,2 NAME	}	ı			Change	Addition	
SHEET ADDRESS	19164 N.W. 30					2	ADDRESS						
CHY-SI-ZIP	CAROL CITY FI				1	1.4 CITY-5	ŧ						
101.6					DELETE	2.1 TITLE	1				Change	Addition	
NAME	l İ					2.2 NAME							
STREET ADDRESS						2.3 STREET	ADDRESS						
CFLY - S1 - 74F						2. 4 CITY-	ST-ZIP						
THILE					DELETE	3.1 TITLE	,				☐ Change	Addition	
NAME	}					3.2 NAME	1						
STHEET ACTORESS	,					3.3 STREET	}						
CUTY - ST - ZIP					DELETE	3.4. CITY-	ST-ZIP				Change	1 Addition	
THE NAME					DELETE	4.1 TITLE 4.2 NAME	1				Change	Addition	
STREET AUDRESS	}					4.2 NAME 4.3 STREET	Annoree						
City - St. ZiP						4.4 City-5	- 1						
101f		·			DELETE	5.1 TITLE	····				☐ Change	Addition	
NAMI				_ -		5.2 NAME	ļ						
STREET ALORESS					,	53 STREET	ADDRESS		•				
CHTY - ST - ZIP						5.4 CITY - S	ST-ZIP						
utt					DELETE	6.1 TITLE				***************************************	Change	Addition	
NAME						6.2 NAME	ļ						
STREET ASIDRESS]					63 STREET	ADDRESS						
DITY - S1 - 7/F]	<u>,</u>				6.4 C(1Y - 5	T-ZIP						
 14. Edo hérek informatio 	by certify that the in on indicated on this	tormation sup annual report	plied with presupping	n this filing doe emental annua	es not qualify f	or the exe	mption st	tated it	n Section 119.07(3)(i), Florida Si ny signature shall have the same as required by Chapter 607, Flor	atutes. I Jenal ef	further certify that	t the	
Lam an ol	fficer or director of t	the corporatio	n or the	receive or trus	ien emp wer	ed to exec	cute this re	eport a	as required by Chapter 607, Flor	ida Stati	utes; and that my	name	