

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

FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098830 (8)

1. Corporation Name

JOVI FLEET TRANSPORT, INC.



Principal Place of Business

4740 NW 15TH AVENUE
FORT LAUDERDALE FL 33309

Mailing Address

4740 NW 15TH AVENUE
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1996

4. FEI Number

65-0713415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 3251 SW 1st Terrace

Suite, Apt. #, etc.

22

City & State

23 Fort Lauderdale, FL

Zip

24 33315

Country

25 Broward

2a. Mailing Address

26 318 Indian Trace

Suite, Apt. #, etc.

27 Suite 413

City & State

28 Weston, FL

Zip

29 33326

Country

30 Broward

9. Name and Address of Current Registered Agent

FLEET, MITCHELL E
4740 NW 15TH AVENUE
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

Mitchell E Fleet

82 Street Address (P.O. Box Number is Not Acceptable)

318 Indian Trace

83

Suite 413

84 City

Weston

FL

85 Zip Code

33326

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0 JOVI, VICTOR B
3237 NW 22ND AVENUE
FORT LAUDERDALE FL 33309
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0 FLEET, MITCHELL E
3874 NW 91ST LANE
SUNRISE FL 33319
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
V ANGELA R. FLEET
318 INDIAN TRACE, STE. 413
WESTON, FLORIDA 33326
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
P MITCHELL E FLEET
318 INDIAN TRACE, STE. 413
WESTON, FLORIDA 33326
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE

[Signature] 4-17-98

CR2E034 (10/97)