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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000010829

A SPECIALTY TRANSPORTATION SYSTEMS INC.

		•							
Principal Place	e of Business	M	ailing Address]			
11340 NW 32 N	=		BOX 550625						
••••			LAUDERDALE FL 33355			DO NOT WRITE IN THIS SPACE			
		US				3. Date Incorporated or Qualifed	TE IN THIS	SPACE	
						02/04/1997			
Principal P	face of Business	2a.	Mailing Address			4. FEI Number		App	olied For
21		26				65-0726056			Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.	<u>-</u> .	**	5. Certifcate of Status Desired		\$8.75 A Fee Red	
City & State			City & State			6. Election Campaign Financing		\$5.00	May Be
─	•	28	- •			Trust Fund Contribution		Added to	*
Zip	Country	- 20;	Zip	Count	v	8. This corporation owes the cur	rent vear Int	angible	
<u> </u>		29		30	•	Personal Property Tax.	on you me		∐No
24	9. Name and Address of Curr			30]		10. Name and Address of New	Registered		
	9. Name and Address or Cun	ent Keğiş	resea Agent	8	1 Name	IV. Name and Address of flow	togioto: ou	7 1 3 4 1 1	
MOB	RRIS, ALFRED J			ľ	· · · · · · · · · · · · · · · · · · ·				
	IO NW 32 MANOR			8	2 Street Ac	ddress (P.O. Box Number is Not Accept	able)		
							<u> </u>		
SUN	RISE FL 33323		,	8	3				
				8	A City			85 Zip C	ode
				l°	4 City		FL	. 65 210 0	,000
44 Pursuant	to the provisions of Sections 607.0	502 and 6	07.1508. Florida Statute	es, the abo	ve-named co	orporation submits this statement for the	purpose of	changing its	registered
l office or r	registered agent, or both, in the Sta	ite of Florid	da. Such change was at	uthorized b	y the corpora	ation's board of directors. I hereby acce	pt the appoi	ntment as reg	gistered
agent. I a	im familiar with, and accept the obl	igations of	, Section 607.0505, Flor	nda Statute	es.				
SIGNATURE			····		 		DATE		
	Signature, typed or printed name of registered a	agent and title	if applicable. (NOTE:	Registered Ag	ent signature reqi	ulred when reinstating)			
12.		1110 0100		1		ADDITIONS/CHANGES TO OF	TICEDS AN	ID DIRECTO	98 IN 12
	OFFICERS	AND DIRE	CTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN		
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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 po an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90093 026 ***150.00