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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u>1998</u>

DOCUMENT # P97000012375 (6)

CARTIER TRANSPORTATION, INC.

FILED May 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 701 SE 6TH AVENUE 701 SE 6TH AVENUE SUITE 201G SUITE 201G DO NOT WRITE IN THIS SPACE **DELRAY BEACH FL 33483** DELRAY BEACH FL 33483 3. Date Incorporated or Qualified 02/06/1997 Applied For 2, Principal Place of Business 2a. Mailing Address Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Ziti Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 STALOWY, WILLIAM E II 701 SE 6TH AVENUE 82 SUITE 201G 83 **DELRAY BEACH FL 33483** City Deach 11. Pusuari to office or reg ons 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered for the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of Section 607.0505, Florida Statutes. plown Hes when reinstating) OFFICERS (NO DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE 1.1 TITLE Change TITLE STALOWY, WILLIAM E II 1.2 NAME NAME 1745 PALM COVE BLVD, APT 107 STREET ADDRESS 13 STREET ADDRESS **DELRAY BEACH FL 33445** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE 21 TITLE Change ☐ Addition PTD TITLE NAME STALOWY, W. KATHIE 2.2 NAME 1745 PALM COVE BLVD, APT 107 STREET ADDRESS 2.3 STREET ADDRESS **DELRAY BEACH FL 33445** CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ DELETE 3.1 TITLE ... Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZiP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 suppliemental 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 contraction of 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 3 if happed or on a happen with an address.