PROFIT							
CORPORATION							
ANNUAL REPORT							
1999							



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1333	~							
DOCUI	MENT # P97000	0019100							
i. Corporation	TO TRANSPORT, INC.								
CJ S AU	TO THANSPORT, INC.				li lii		ARION CONTRACTOR	H 11818 (818) (1811 <del>(</del>	
Principal P ace	e of Business	Mailing Address				18:188: 148:1011 FABIE ABIII A	·DIII 03111 80°0		
3201 CHELSEA STREET 3201 CHELSEA STREET									
ORLANDO FL 3	2803	ORLANDO FL 32803				DO NOT WE	RITE IN TH	S SPACE	
					3. Date In	corporated or Qualife			
					02/28	/1997			_
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			lied For
21		26		59-34	59-3430795			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5, Certifo:	ate of Status Desired		<b>\$8.75</b> A Fee Re	
City & State		City & State			6 Flection	n Campaign Financing	 1	\$5.00	
23		28			Trust Fund Contribution Added to Fees			,	
Zip	Cour try	Zip	Country		8. This ca	rporation owes the cu	rrent year	ntangible	\.Z
24	25		30			al Property Tax.	<del></del>		No No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name	and Address of New	Registere	1 Agent	
AME	RILAWYER CHARTERED								
	ALMERIA AVENUE		82	Street A	Address (P.O. Box	Number is Not Accep	table)		
COR	AL GABLES FL 33134		83						
			84	City				85 Zip C	
			1 !	•			F	L   `	
office or re	to the provisions of Sections 607 05 egistered agent, or both, in the State	erf Florida, Such change was auf	thonzed by 1	ine carbo	c rporation submi ration's board of a	s this statement for th lirectors. I hereby acc	e purpose of apt the apt	of changing its i continent as reg	registered gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statutes.			•			
SIGNATUFE	Signature, typed or printed na ne of registered ag-	ent and title if applicable (NOT E: F	Registered Agent	t signature re	quired when reinstating)		DATE		
12.		ND DIRECTORS	13.			NS/CHANGES TO O	FFICERS.	ND DIRECTO	FIS IN 12
TITLE	P	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	JOHNSON, WALTER R		12 NAME						
STREET ADDRESS	3201 CHELSEA STREET		1 3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CiTY-ST-ZiP				<del></del> :	[T] Change	Addition
TITLE	VD JOHNSON, GEORGE E	□ pere ie	2.1 TITLE 2.2 NAME						
NAME STREET ADDRESS	3201 CHELSEA STREET		2.2 NAME 2.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32803		2. 4 CITY-ST-ZIP						
TITLE	S	☐ DELETE	3.1 TITLE					Change	Addition
NAME	JOHNSON, AIMEE E		3.2 NAME						
STREET ADDRESS	3201 CHELSEA STREET		3.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32803		34 CITY-ST-ZIP					Change	Addition
TITLE	T COUNCON CAROLYN C	☐ OELETE	4 1 TITLE					□ Change	☐ Addition (
NAME	JOHNSON, CAROLYN S 3201 CHELSEA STREET		4. 2 NAME 4.3 STREET ADDRESS						
STREET ADDRESS	ORLANDO FL 32803		4.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	OUTUINO I F OFORO	☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					i
CITY-ST-ZIP			5.4 CITY-ST	-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME 6.3 STREET	ADDDESS					
STREET ADDRESS			6.3 STREET	1					İ

14. Thereby 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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment of the address, with all other like empowered. SIGNATE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE (

4-22-1999