SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000026012 (9)

CULLEN TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

FILED

98 NOV 19 PM 12: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA



SUNRISE FL 33351		SUNRISE FL 33351	211		
SUMMISE PL 33331		SUIVAIGE PE SSSSI		DO NOT WRITE IN THIS SPACE	
1				3. Date Incorporated or Qualified	
\				03/24/1997	ľ
2. Principal Place of Business		2s. Mailing Address		4. FEI Number Applied For	
21		26		65-0742242 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · <u>-</u>	□ \$2.75	Additional
22		27		5. Certificate of Status Desired Fee Required	
City & Stat	te	City & State		6. Election Campaign Financing\$5.00	May Po
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zlp	Country	8. This corporation owes or has paid the current year Int	
24	25	29	30	Personal Property Tax due June 30. Yes	No N/A
127	9. Name and Address of Curi		1001	10. Name and Address of New Registered Agent	
	•	Isliam C. McCornick Tess (P.O. Box Number is Not Acceptable) N. W. 86 M. TERRACE			
1214 N. UNIVERSITY DRIVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33322				N.W. 85 " IERRACE	
			83		i
			84 City / 1/	IDERHILL FL 85 Zip 33:	Code
		<u></u>	LAU	IDERHILL FL " 33	35/
11. Pursuant	t to the provisions of sections 607.0	502 and 607.1508, Florida Statut	es, the above-named corp	oration submits this statement for the purpose of changing its retion's board of directors. I hereby accept the appointment as re	egistered
agent. I a	am familiar with, and accept the ob	ligations of, section 607.0505, FI	orida Statutes.	mons board of directors. Thereby accept the appointment as re	gistered
SIGNATURE	William McCo	rock	:	79178	
O.O.O.	Signature, typed or printed name of registered a	gent and title if applicable. (N	OTE: Registered Agent signature re		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change	Addition
NAME	MCCORMICK, WILLIAM		1.2 NAME	200002694992	>
STREET ADDRESS	4500 N. HIATUS ROAD #211	}	1.3 STREET ADDRESS	-11/24/9801025-	-017
CITY-ST-ZIP	SUNRISE FL 33351		1.4 CITY-ST-ZIP		รรัดเกณ
TITLE		DELETE	2.1 TITLE		Addition
NAME			2.2 NAME		-
STREET DORESS			2.3 STREET ADDRESS	4	
CITY-STEEP			2.4 CITY-ST-ZIP	wit	1
TITLE		DELETE	3.1 TITLE	Change	Addition
NAME		OECE IE	3.2 NAME	Cialge	Addition
STREET ADDRESS			3.3 STREET ADDRESS		1
			4		1
CITY-ST-ZIP TITLE		<u> </u>	3.4 CITY-ST-ZIP	<u> </u>	<u> </u>
		DELETE		L Change	Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		7
TITLE		☐ DELETE	5.1 TITLE	! Change	Addition
NAME			5.2 NAME		ļ.
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP	<u></u>		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Z chapte	Addition
NAME			■ · · · · · · · · · · · · · · · · ·		1
			6.2 NAME	/ \ \\'	j
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		/

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: