

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 07 1998 8:00am  
Secretary of State

DOCUMENT # P97000037491 (2)

1. Corporation Name

BENTLY TRANSPORTATION SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1410 S.W. 6TH AVENUE  
DEERFIELD BEACH FL 33441

Mailing Address  
1410 S.W. 6TH AVENUE  
DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified

04/25/1997

2. Principal Place of Business  
21 1802-102 No. University DR  
Suite, Apt. #, etc.  
22 Suite 178

2a. Mailing Address  
26 1802-102 No. University DR  
Suite, Apt. #, etc.  
27 SUITE 178

4. FEI Number  
65-0764563

Applied For  
Not Applicable

23 City & State  
Plantation, FL  
24 Zip 33322 25 Country USA

28 City & State  
Plantation, FL  
29 Zip 33322 30 Country USA

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

9. Name and Address of Current Registered Agent  
WALDMAN, JAMES W  
440 SOUTH ANDREWS AVENUE  
FORT LAUDERDALE FL 33310

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE 04/14/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WARRELMANN, JANYCE	
STREET ADDRESS	139 WELLINGTON DRIVE	
CITY-ST-ZIP	SHAVERTOWN PA 18708	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARRELMANN, JASON G	
STREET ADDRESS	139 WELLINGTON DRIVE	
CITY-ST-ZIP	SHAVERTOWN PA 18708	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARRELMANN, WENDY A	
STREET ADDRESS	139 WELLINGTON DRIVE	
CITY-ST-ZIP	SHAVERTOWN PA 18708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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]*

ulivlas

CR2E034 (10/97)