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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000038112

1. Corporation Name

WRP TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90012 038 ***150.00



340 N.E. 94TH : MIAMI FL 33138		340 N.E. 94TH STREET Miami FL 33138			DO NOT WRITE IN THIS S 3. Date incorporated or Qualifed 04/28/1997	SPACE	
2 Onicainal Di	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 982	2 NE. 24 NE.*1	26			65-0746644	N	ot Applicable
Suite, Apt. 1		Suite, Apt. #, etc.				\$8.75	Additional
	miam. FC. 33138 27				5. Certifcate of Status Desired	Fee R	equired
City & State	<u> </u>	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	_		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Inta		
24	25 29 30			Telsonal Topolty Tax.			□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	gent	
2011	MED WEITH T 500		81	Name			
Grumer, Keith T esq. One east broward boulevard			82	Street Add	dress (P.O. Box Number is Not Acceptable)]
	E 1705		83				
	AUDERDALE FL 33301						
•			84	City	FL	85 Zip	Code
44' m	the series of Continue 607 050	and 607 1508 Florida Statutes	the abov	e-named con	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	hanging its	s registered
signature	n familiar with, and accept the obligat	nons of, Section 607.0303, Florid	Registered Age		red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	D	☐ DELETÉ	1.1 TITLE		·	Change	☐ Addition
NAME	Perry, William R III		1.2 NAME		,		ļ
STREET ADDRESS	340 N.E. 94TH STREET		13 STREE	T ADORESS		*	
CfTY-ST-ZiP	MIAMI FL 33138		1.4 CITY-5	ST- ZIP		Change	Addition
TITLE		☐ DELETE	2.1 TITLE		•	☐ Criange	
NAME			2.2 NAME	ĺ			j
STREET ADDRESS			2.3 STREE	TADDRESS	•	•	}
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE			. Cuande	Addison
NAME			32 NAME				·
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST- ZIP		Change	[] Addition
TITLE		☐ DELETE	41 TITLE		المراقع المستحدد المستحد المستحد المستحدد المستح	change	المستخطية .
NAME	- ·		4.2 NAME				,
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				
NAME				TADDRESS			.
STREET ADDRESS			5.3 STREE				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	31-4F		Change	Addition
TITLE		☐ DEFFIE	6.2 NAME				,
NAME				T ADDRESS			
STREET ADDRESS				1			
CITY-ST-7IP			6.4 CITY-5	31-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 receiper or fursiee 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, with all other like empowered.