

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 # P97000045538

1. Corporation Name

FLORIDA FAMILY TRANSPORT, INC.

Principal Place of Business  
1309 FERNLEA DRIVE  
WEST PALM BEACH FL 33417

Mailing Address  
P.O. BOX 19187  
WEST PALM BEACH FL 33416

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90208 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1997

4. FEI Number

65-0755260

Applied For  
Not Applicable

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1309 FERNLEA DR.

23 City & State

27 City & State

24 Zip Country

28 WEST PALM BCH, FL  
29 33417 30 USA

9. Name and Address of Current Registered Agent

FONSECA, SARA R  
1309 FERNLEA DRIVE  
WEST PALM BEACH FL 33417

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 SARA R. FONSECA - SARA R. FONSECA

(NOTE: Registered Agent signature required when reinstating)

04/28/99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FONSECA, ARAMIS  
STREET ADDRESS 339 LUGER CT  
CITY-ST-ZIP WEST PALM BEACH FL 33415

☐ DELETE

TITLE VPD  
NAME FONSECA, ITIEL  
STREET ADDRESS 1309 FERNLEA DR  
CITY-ST-ZIP WEST PALM BEACH FL 33417

☐ DELETE

TITLE STD  
NAME FONSECA, SARA R.  
STREET ADDRESS 1309 FERNLEA DR  
CITY-ST-ZIP WEST PALM BEACH FL 33417

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SARA R. FONSECA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/99 561-471-2727  
Date Daytime Phone #

CR2E034 (1/98)