## 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

DOCUMENT #

P97000053631 (2)

CARGOTEEM CORPORATION

Princ	ipal	Place	of	Busi	ness	

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Mailing Address

## **FILED** Apr 20 1998 8:00am Secretary of State



3840 LAKE DRAWDY DRIVE 3840 LAKE DRAWDY DRIVE ORLANDO FL 32820 ORLANDO FL 32820 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1345 E. Pine 59 - 3451410 Avenue P.O. box 622377 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & Ştate \$5.00 May Be 6. Election Campaign Financing R Oriedo. 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intargible Personal Property Tax due June 30. Yes No ÜSA 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MIKUSINSKI, GRAZYNA 3840 LAKE DRAWDY DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32820 Ri 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSD DELETE Change TITLE 1.1 TITLE Addition MIKUSINSKI, GRAZYNA NAME 1.2 NAME 3840 LAKE DRAWDY DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32820 CITY-ST-ZIP 1.4 CHTY - ST - 7/P TITLE DELETE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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

Millimika Chandre

April 12 198

407-562-870C