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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortkam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000055315 (0)

DARMANIE TRANSPORT, INC.

Principal Place of Business

Mailing Address

3702 SOUTH CONWAY ROAD ORLANDO FL 32812

3702 SOUTH CONWAY ROAD ORLANDO FL 32812

FILED Jul 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualified		
							06/20/1997		
2. Principal Pla	ace of Busine	ss	2a. Mai	26. Mailing Address			4. FEI Number 3 4 5 3/68	Applied For	
21			26				, tot rippilot		
Suite, Apt. 1	#, etc.		27 Suit	ie, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State			— —	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23 Zin		Country	28 Zip		Country			Added to Fees	
Zip			├ ──┐ ´		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
24 25 29 3 9. Name and Address of Current Registered Agent					1301		10. Name and Address of New Registered Agent		
DA					81	Name			
DARMANIE, MICHAEL V 3702 SOUTH CONWAY ROAD ORLANDO FL 32812						82 Street Address (P.O. Box Number is Not Acceptable)			
-					84	City	FL ⁵	35 Zip Code	
11 Pursuant I	o the provisio	ns of Sections 607.0	502 and 607.1	508. Florida Stati	utes, the above	e-named cor	poration submits this statement for the purpose of ch	anging its registered	
office or re	egi ste red ager	nt, or both, in the Sta , and accept the on	ite of Florida. S	iuch change was	s authorized by	/ the corpora	ation's board of directors. I hereby accept the appoint	ment as registered	
SIGNATURE	Signature typed or	printed name of registered	agent and title if app	linable (NC	OTE Registered Age	nt signature requ	vired when reinstating) OATE		
12.		OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D			DELETE	1.1 TITLE			Change	
NAME									
STREET ADDRESS						1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32812				1.4 CITY - S	IT - ZIP			
TITLE	D			☐ DELETE	2 1 TITLE		L	Change	
NAME						22 NAME			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP	-ORLAND	O FL 32812			2. 4 CiTY-5	ST - ZIP			
TITLE				☐ DELETE	3.1 TITLE		L	Change	
NAME					3.2 NAME				
STREET ADDRESS					3.3 STREET	ADDRESS			
CITY-ST-ZIP					3.4. CITY-3	ST-ZIP		A	
TITLE				DELETE	4.1 TITLE		L	Change L Addition	
NAME					4. 2 NAME				
STREET ADDRESS	,				4.3 STREET	ADDRESS			
CITY - ST - ZIP				65,555	4.4 CITY - S	T-ZIP		Change Addition	
TITLE				☐ DELETE	5.1 TITLE			Change Addition	
NAME					5.2 NAME			シン	
STREET ADDRESS					5.3 STREET	1		7.9	
CITY-ST-ZIP	:			Chere	5.4 CiTY - S	ST-ZIP		Change Addition	
TITLE				DELETE	6.1 TITLE			-	
NAME					6.2 NAME		40000258704	~1	
STREET ADDRESS					6.3 STREET		-07/13/9801107022		
CITY-ST-ZIP	6. certify that the information supplied with this filling does not qualify for the				6.4 CiTY - S	ST-ZIP	***150.00		
indicated of officer or of	on this annua di rec tor of the	l renart or supplema	ntal annual rep eceiver or trust	ort is true a nd a ee empowered t	ccurate and th	at my signati	ure shall have the same legal effect as if made under quired by Chapter 607, Florida Statutes; and that my	r oatn: that i am an	