May 06, 1999 8:00 am Secretary of State

05-06-1999 90138 010 ***150.00

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 # P97000061087

1. Corporation Name

BRAGG TRANSFER OF SOUTH FLORIDA, INC.

Principal Place	of Business	Mailing Address							
1191 NE 23RD TERR #1 POMPANO BEACH FL 33062		1191 NE 23RD TERR #1 POMPANO BEACH FL 33062				DO NOT WRITE IN THIS	SPACI	E	
						3. Date Incorporated or Qualifed 07/11/1997			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
26						65-0764952		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	 9	City & State				6. Election Campaign Financing	\$5	.00	May Be
23 28						Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Count	try		8. This corporation owes the current year Inta	ngible	,	
24	25	29	30			Personal Property Tax.	X Yes □No		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	gent		
			- 1	31	Name				
	GG, BOBBY D			32	Ctroot Add	ress (P.O. Box Number is Not Acceptable)			
1191 NE 23RD TERR #1				"	Sireel Addi	ladress (P.O. Box Number is Not Acceptable)			
POM	PANO BEACH FL 33062		ε	33					
			١.		Oit.		85	Zip (Code
			ľ	34	City	FL	83	Zip (Jode
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN		Registered A	gent :	signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRI	FCTC	 RS IN 12
TITLE	D OFFICERS AN	DELETE DELETE	1,1 TITLE			7.00110110101010101010101010101010101010	☐ Ch		Addition
			1	1.2 NAME			_	-	_
NAME.	1191 NE 23RD TERR #1				ADODESC				
STREET ADDRESS	POMPANO BEACH FL 33062		1.3 STREET ADDRESS						
CITY-ST-ZIP		☐ DELETE	2.1 TITLE				☐ Ch	ange	☐ Addition
TITLE				22 NAME					
NAME	1191 NE 23RD TERR #1		2.3 STREE		ADDRESS				
STREET ADDRESS CITY-ST-ZIP				2. 4 CITY-ST-ZIP					
TITLE	101111111111111111111111111111111111111	☐ DELETE	3.1 TITL				☐ Ch	ange	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE		ADDRESS				
C/TY-ST-ZIP			3 4. CITY- S		-ZIP			_	
TITLE		☐ DELETE	4.1 TITLE				☐ Ch	ange	Addition
NAME			4. 2 NAN	Æ					
STREET ADDRESS			43 STR	EET A	ADDRESS				
CITY-ST-ZIP		<i>y</i>	44 CITY						
TITLE		☐ DELETE	5 1 TITL				Ch	ange	☐ Addition
NAME			5.2 NAM	E					
STREET ADDRESS			5.3 STRI	EET#	ADDRESS				

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Addition