## 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 # P9700061986 (0)

J.T. TRANSPORT SERVICES, INC.

## FILED May 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address			I TREVIDEN FIR FRINT JEDIN DONAL ORINI ODNIH ODNIH ODNIH ODNIH ODNIH ODNIH	(BIOD OFFI FOR	
9209 NORTHWEST 53RD COURT SUNRISE FL 333S1	9209 NORTHWEST 53RD COURT SUNRISE FL 33351				
				DO NOT WRITE IN THIS SPACE	
				Date Incorporated or Qualified	
2. Principal Place of Business	1 6 14 15 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			07/17/1997	
21	2a, Mailing Address				Applied For
Suite, Apt. #, etc.	Suite, Apt #, etc.		<del> </del>		Not Applicable
22	27			5. Cerricate of Status Desireo III	Additional Required
City & State	Cily & State				0 May Be
Zip Country	[28] Zip	Country			d to Fees
24 25	<del> </del>	30		8. This corporation owes or has paid the current year I Personal Property Tax due June 30.	ntangible No
g, Name and Address of Current F		30		10. Name and Address of New Registered Agent	DAT 140
AMERILAWYER CHARTERED	······································	81	Name	io.	
343 ALMERIA AVENUE		82	Otront Andrie	ess (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134		62	Street Addi	ess (P.O. Box number is Not Acceptable)	
		83			
		84	City	lee l 7	
			•	┣╸┃ <sub>┻</sub> ┆ ┆ ^	o Code
11. Pursuant to the provisions of Sections 607 0502 a office or registered agent, or both in the State of	ind 607.1508, Flor <b>ida Stat</b> uto Liorida, Such cha <b>nge was</b> a	ns, the above juthorized by	-named corp the corporati	poration submits this statement for the purpose of changing ion's board of directors. I hereby accept the appointment a	its registered is registered
	ons of, Section 607, <b>050</b> 5, Flo	rida Statutes			
SIGNATURE Signature typed or printed name of resistened agent a	od bile it apple abio (NOTE	Registered Ager	nt signature require	ud whon reinstating) DATE	———— <u> </u> ,
12. OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12
TITLE PTD	☐ DELETE	1.1 THILE		☐ Change	Addition
NAME MILSTEIN, JOY S	NT	1.2 NAME			5
STREET ADDRESS 9209 NORTHWEST 53RD COUR	il .	1.3 STREET A	ADDRESS		١٤
CITY-ST-ZIP SUNRISE FL 33351	DECETE	1.4 CITY - ST	- ZIP		
AN ATELL DRADIES A	DELETE	2.1 TITLE		L_I Change	L. Addition C
AAAA MADTI BUTAT FADD AAM	rτ	2.2 NAME			
STREET ADDRESS 9209 NORTHWEST 53HD COUNTY STREET ADDRESS 9209 NORTHWEST 9209 NORTHWE	<b>''</b>	2.3 STREET /			
TITLE	DELETE	2.4 CITY-S 3.1 TITLE	1 - ZIP	Change	Addition
NAME		3.2 NAME		Change	L Xudillon
STREET ADDRESS		3.3 STREET /	ADDRESS		
CITY-ST-ZIP		3.4. CITY- ST			
TITLE	DELETE	4.1 101LE		☐ Change	☐ Addition
NAME		4. 2 NAME			_
STREET ADDRESS		4.3 STREET A	ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST	- ZIP		
TITLE	DELETE	5.1 TITLE		☐ Change	Addition
NAME		5.2 NAME	1		İ
STREET ADDRESS		5.3 STREET A	ODRESS		
City-st-zip		5 4 CITY- ST	- ZIP		
TOTLE	DELETE	6 1 THTLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET A			
CITY-ST-ZIP		6 4 City - St	ZIP		

14. Thereby 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 eath; 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 changes of in an atlachment with an address.

CICAIATUDE.