Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90077 042 ***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 # P97000071460

1. Corporation Name

BUDGET CARGO EXPRESS, INC.

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Principal Place of Business Mailing Address						,				
1155 NW 9TH AVENUE 1155 NW 9TH AVENUE										
FORT LAUDERDALE FL-33311 FORT-LAUDERDALE FL-3331			1311~			DO NOT WRITE IN THIS SPACE				
						3 Date II	ncorporated or Qualit			
	£								•	
2 Principal D	ace of Business	2a. Mailing Address	Mailing Address				08/13/1997 4. FEI Number Applied For			polied For
¬ ′	ace of business	26	"- 7			1	1			ot Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.							Additional
22	, etc.	27	→ ''''			5. Certifo	ate of Status Desired	1 🗆	•	equired
City & State			City & State			6 Flection	on Campaign Financi		\$5.00	May Be
23		├ ¬ '	28			4	Fund Contribution	.,a 🗆	•	to Fees
Zip Zip	Country		Zip Country			8. This corporation owes the current year Intangible				
24	25	29	30	·		Personal Property Tax.				
	9. Name and Address of Curre		[00]	1			and Address of Ne	w Registered	Agent	
				81	Name				•	
CLARKE, EDGAR L						(2.0. D. N. J.				
1155 NW 9TH AVENUE				82	2 Street Address (P.O. Box Number is Not Acceptable)					
FORT LAUDERDALE FL 33311				83						
				Ш						
				84	City			FI	85 Zip	Code
44 5	to the provisions of Sections 607.05	02 and 607 1600 Florida Statu	toe the a	<u> </u>	-named C	ornoration submi	its this statement for		f changing its	registered
office or r	enistered agent, or both, in the State	a of Florida. Such change was a	authonzec) DV	tne corpor	ation's board of	directors. I hereby ac	cept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Pk	orida Stat	utes.						
SIGNATURE			E: Conistand	Acen	t eignatura rac	uired when reinstating)		DATE		<u>-</u>
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	Agon	. agratore raq		ONS/CHANGES TO	OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TT	TLE					Change	☐ Addition
NAME	CLARKE, EDGAR L				Į					Į
	A SOME A MALE AND A SELECTION OF			1,3 STREET ADDRESS						
STREET ADDRESS				1.4 CITY-ST-ZIP						
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	DELETE	2.1 TT		-ZIP				Change	Addition
TITLE	·			ì						
NAME	CLARKE, EAN L									
STREET ADDRESS	2021				ADDRESS					
CITY-ST-ZIP				ITY-S	r-zip_		_		Change	Addition
TITLE	S □ DELETE 3.1 T]				☐ Criange		
NAME	CLARKE, LYNORE L			İ						
STREET ADDRESS	33. 4251 NW 24TH ST			3.3 STREET ADDRESS						ĺ
CITY-ST-ZIP	LAUDERHILL FL 33313		_	<u> </u>	T-ZiP					
TITLE		☐ DELETE	4.1 TI	TLE	1				☐ Change	☐ Addition
NAME	•		4. 2 N	AME						
STREET ADDRESS	3		, - 4.3 S	REET	ADDRESS ~		· ·	• • • • • • • • • • • • • • • • • • • •		ļ
CITY-ST-ZIP			4.4 CI	TY-S1	í-ZIP					
TITLE		☐ DELETE	5.1 TI	TLE	T				Change	☐ Addition
NAME			5.2 N	AME						
STREET ADDRESS	•		5.3 S	TREET	ADDRESS					
CITY-ST-ZIP			5.4 CI	TY-S1	í-ZIP					
TITLE		☐ DELETE	6.1 TI	TLE					☐ Change	Addition
NAME	ر آگر ماهای این از این از این از این از این از این از ا این این این این از این از این از این از این از این از ا		6.2 N	AME						
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP