

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

FILED

May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000085301 (4)**

1. Corporation Name
GALBAN TRANSPORT, INC.

Principal Place of Business

**3412 PLEASANT DRIVE
TAMPA FL 33618**

Mailing Address

**3412 PLEASANT DRIVE
TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1997

2. Principal Place of Business	2a. Mailing Address
21 17965 Sailfish Dr.	26 17965 Sailfish Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Lutz, FL.	28 Lutz, FL.
Zip	Zip
24 33549	29 33549
Country	Country
25 Hillsborough	30 Hillsborough

4. FEI Number	Applied For
59-3418139	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GALBAN, LUIS
3412 PLEASANT DRIVE
TAMPA FL 33618**

10. Name and Address of New Registered Agent

81 Name	Galban, Luis
82 Street Address (P.O. Box Number is Not Acceptable)	17965 Sailfish Dr.
83	
84 City	Lutz
85 Zip Code	FL 33549

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 **Luis Galban**

4-13-98

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	GALBAN, LUIS	1.2 NAME	Galban, Luis
STREET ADDRESS	3412 PLEASANT DRIVE	1.3 STREET ADDRESS	17965 Sailfish Dr.
CITY-ST-ZIP	TAMPA FL 33618	1.4 CITY-ST-ZIP	Lutz, FL. 33549
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	400002529334
STREET ADDRESS		5.3 STREET ADDRESS	-05/19/98--01069--005
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE **Luis Galban**

4-13-98

CR2E034 (10/97)