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

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 09 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000099219 (2)

MCCOLGIN SPECIALIZED TRANSPORTING. INC.

Principal Place of Business Mailing Address 4998 S W 120TH AVENUE 4998 8 W 120TH AVENUE COOPER CITY FL 33330 COOPER CITY FL 33330 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/18/1997 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & Sta City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCCOLGIN, KATHLEEN 4998 \$ W 120TH AVENUE Street Address (P.O. Box Number is Nor-Acceptable) 82 COOPER CITY FL 33330 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the attove 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 objection 607.0505, Florida Statutes. KATALeeN SIGNATURE X DATE CRZE034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TITLE 1.1 TITLE Dam MCCOLGIN, MACK L NAME 1.2 NAME STREET ADDRESS **499**8 S W 120TH AVENUE 1.3 STREET ADDRESS COOPER CITY FL 33330 1.4 CITY - ST - ZIP CITY-\$T-ZIP DELETE Addition Addition 2.1 TITLE TITLE MCCOLGIN, KATHLEEN L 2.2 NAME NAME 4998 S W 120TH AVENUE 2.3 STREET ADDRESS STREET ADORESS COOPER CITY FL 33330 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TO LE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP Change Addition DELETE 4.1 Till (F TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(TY - ST - Z)F CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET 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 logal 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 I changed, or on an attachment with an address.

1.111 SP-Lais 1-22-98