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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P97000099219

MCCOLGIN SPECIALIZED TRANSPORTATION, INC.

Principal Place of Business Mailing Address						- 11861188118	j - 18411 (8 BIT 8 BIT) 98	111 25111 2011	18118 18118 118 St	11319 (31: 186)
4998 S W 120TH AVENUE		4998 S W 120TH AVENUE					į			
COOPER CITY FL 33330		COOPER CITY FL 33330				DO NOT WRITE IN THIS SPACE				
						3. Date Incorpora		IE IN THIS	SPACE	
						11/18/1997	,			}
o Dississi D	leas of Rusinose	2a. Mailing Addre				4. FEI Number	-		An	plied For
	lace of Business		55			65-079747	7		<u>-</u>	t Applicable
Suite, Apt.	# etc	26 Suite, Apt. #,	etc.				1		\$8.75	
22	, 0.0.	27				5. Certificate of S	tatus Desired	Ų.,	Fee Re	
City & Stat	e	City & State				6. Election Camp	aign Financing		\$5.00	May Be
23		28				Trust Fund Co	* ;		Added t	-
Zip	Country	Zip	C	Country		8. This corporation	on owes the curr	ent year In	tangible	أ
24	25	29	30			Personal Prop	erty Tax.		Yes	□No
	g. Name and Address of Curren	t Registered Agent				10. Name and Ad	dress of New I	Registered	Agent	
1400	OLON KATHECH			81 Na	me		ŧ			İ
	OLGIN, KATHLEEN			82 Str	eet Addre	ss (P.O. Box Numb	er is Not Accept	able)		
	S S W 120TH AVENUE						i			
COC	PER CITY FL 33330			83						
				84 Cit					85 Zip (	Code
					•			<u>FL</u>	<u> </u>	
11. Pursuant	to the provisions of Sections 607.050, egistered agent, or both, in the State	2 and 607.1508, Florid	a Statutes, the	e above-nar	ned corpo	oration submits this s n's board of director	tatement for the	purpose of ot the appo	changing its intment as re	registered gistered
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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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90214 028 \*\*\*150.00