Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90216 049 ***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 # P97000099704

1. Corporation Name

TOTAL ECLIPSE TRANSPORT INC.

<u> </u>											
Principal Place of Business		Mailing Address									
7136 NW 100 Ti	ERRACE	7136 NW 100 TERRACE									
TAMARAC FL 3	3321	TAMARAC FL 33321				DO NOT WRITE IN THIS SPACE					
						-	. Date Incorporated or Qualifed				
						"	11/24/1997				
2 Principal Pl	ace of Business	2a, Mailing Address			4.	. FEI Number		Ap	g lied For		
21	ace of Business	26				APPLIED FOR			t Applicable		
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.							\$8.75 A	A Iditional	
22		27			5.	. Certifc ate of Status Desired		Fee Re	kjuired		
City & State		City & State			6.	. Election Campaign Financing		\$5.00	May Be		
23		28					Trust Fund Contribution		Added t	c Fees	
Zip	Cour try	Zip	Zip Country			8.	8. This corporation owes the current year intangible				
24	25	25 29 30					Persor al Property Tax.				
	9. Name and Address of Currer	nt Registered Agent				10	. Name and Address of New R	egistere d	Agent		
DUM	AL ANIMOMANDIC		1	81	Name						
DUNN, ANNEMARIE 7136 NW 100 TERRACE			1	82 Street Ac dre			P.O. Box Number is Not Accepta	ble)			
I AMA	ARAC FL 33321		1	B3							
			\ <u> </u>	84	City		<u> </u>		85 Zip (Code	
				İ	•			<u> </u>			
office or re	to the provisions of Sections 607.050 egistered agent, or bo h, in the State m familiar with, and accept the obliga	cf Florida. Such change was -	authorized I	by th	named cc e corpora	rporation's b	on submits this statement for the poard of cirectors. I hereby accep	t the appoi	ntment as re	g stered	
SIGNATURE	Signature, typed or printed na ne of registered age	and title if nonlicable (NOT	: Registered A	oent s	ionature requ	ired when	reinstating)	DATE		_ 	
12.		NE) DIRECTORS	13.		grature rout	#00 William	ADDITIONS/CHANGES TO OFF		ID DIRECTO	F:S IN 12	
TITLE	D	DELETE	1.1 TITL	E					☐ Change	☐ Addition	
NAME	DUNN, ANNEMARIE	NN, ANNEMARIE		1E	ļ					-	
STREET ADDRESS	7136 NW 100 TERRACE		1.3 STREET ADDRESS						ļ		
CITY-ST-ZIP	TAMARAC FL 33321		14 CITY-ST-ZIP								
TITLE		DELETE	2.1 TITL						Change	Addition	
NAME			2.2 NAME								
STREET ADDRESS			2.3 STR	EETA	DDRESS						
CITY-ST-ZIP			2. 4 CIT	Y-ST-	ZIP						
TITLE		☐ DELETE	3.1 TITL						Change	☐ Addition	
NAME			3.2 NAM	Æ						ļ	
STREET ADDRESS			3.3 STR	EET A	DORESS						
CITY-ST-ZIP			3,4 CIT	Y-ST-	ZIP						
TITLE		☐ DELETE	4.1 TITL						Change	☐ Addition	
NAME			4. 2 NAI	ME							
STREET ADDRESS			4.3 STR	REETA	DDRESS						
CITY-ST-ZIP			4.4 CIT								
TITLE		☐ DELETÉ 5.1							Change	Addition	
NAME			5.2 NAN	ИÉ	i						
STREET ADDRE IS			5.3 STR	REET A	DDRESS						
CITY-ST-ZIP			5.4 CITY	Y-ST-2	ZIP						
TITLE		☐ DELETE	6.1 TITL						Change	☐ Addition	
NAME			6.2 NAM	Æ							
STREET ADDRESS			6.3 STR	REET A	DDRESS						

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 cartify 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 chapter or on an attachment with an address, with a lother like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP