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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 'P97000101435 (0)

S.P.S. TRANSPORTATION, INC.

## FILED Jun 19 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3213 SOUTH ANDREWS AVENUE 3213 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1997 28. Mailing Address 2. Principal Place of Business FEI Number 0796678 Applied For 2580 S.W. 16 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Fort Lauderdale, Fl 5. Certificate of Status Desired Fee Required 22 City & State 8. Election Campaign Financing \$5.00 May Be 3331 Trust Fund Contribution П 23 Added to Fees Browand Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. ☐ Yes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DECOURSEY, BRIAN G 3213 **SOUTH ANDREWS AVENUE** Street Address (P.O. Box Number is Not Acceptable) 82 FORT LAUDERDALE FL 33316 83 333 2-620 64 City 85 Zip Code FL 2)2 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to a filterial formula of Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered against 607,0505, Florida Statutes. 11. Pursuant to the provis office or registered SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12/ 13. Decoursey, Briang Change 3580 500 16 67. DELETE 1.1 TITLE TITLE **DECOURSEY, BRIAN G** NAME 12 NAME 3213 SOUTH ANDREWS AVENUE 1.3 STREET ADDRESS STREET ADDRESS Lauderdale FORT LAUDERDALE FL 33316 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELFTE 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIF DELLITE Change Addition TITLE 3.1 TITLE NAME 3.2 NAM8 STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ... Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-\$1-ZIP Change ☐ DELETE TITLE 61 TITLE NAME 6.2 NAME -06/22/92--01004--042 6.3 STREET ADDRESS STREET ADDRESS \*\*\*150,00 6.4 CITY - \$1 - ZIP CITY-ST-ZIP

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 certify that the information indicated on this annual report or supplied 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 of the receiver or trustor disposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed at on an attachment with an address.