**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000103709

## Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90055 001 \*\*\*150.00

SUPERI	OR CHARTER BUS INC							
	e y							
Principal Plac	ce of Business	Mailing Address				ENDER NE INGIN I BON DENA BONA BONA	is hu <b>a</b> ny <b>aorana</b> arang-aonan	. 88110 (811 1851
445 W LANTANA RD 445 W LANTANA RD						P±K ,		
SUITE 5 SUITE 5					I			
LANTANA FL 33462 LANTANA FL 33462					14.17	DO NOT WRITE IN	THIS SPACE 🚉	
US		U\$				orporated or Qualifed	-	et.
<u> </u>	7				12/08/	<del>~</del>		<del>+</del> :
2. Principal Place of Business 2a. Mailing Address 2b 8044 STIRRUP CAY CT 2c 8044 STIRR			0. D. CA		4. FEI Num		<b>⊢+</b>	pplied For
Suite, Apt. #, etc.   Suite, Apt. #, etc.			CROP OR	<u> </u>	00.000	N201		of Applicable
!	. <del>#</del> , 616.	27			5. Certifcat	e of Status Desired 🛰 💷 🕻	\$6.73.7	Additional
City & Stat	te	City & State			e Flection	Campaign Financing	<del>~~</del> * <del>*</del> ***	<del>.</del>
			BEACH.	EACH, FL		nd Contribution		May Be , to Fees
Zip	Country		Country			poration owes the current year		
13343	36 <sub>25</sub> US	Zip 33436	30 U.	S	1	Property Tax.	. Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name a	nd Address of New Registe	ered Agent	
VVV	DO KINNO		81	Name	MARO KI	MMO .		
KYYRO, KIMMO				Street	Address (P.O. Box N	lumber is Not Acceptable)_		
	1 N CONGRESS AVE			80	HH STIR	SUP CAN CT	<u></u>	
APT	/NTON BEACH FL 33426		83					
DUI	INTON BEACH PL 33420		84	City	<del></del>	<del></del>	OE 7in 6	Code
				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 HOENY	36ACH	FL  85   3	34°36
SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligat Signature, typed or printed name of registered agent	t and title if applicable. (NO	TE: Registered Ager		required when reinstating)	DAT	řE	
12.	OFFICERS ANI	D DELETE	13.		ADDITION	IS/CHANGES TO OFFICER	S AND DIRECTO Change	RS IN 12 ☐ Addition
	KYYRO, KIMMO		1.2 NAME			ALHHO	· .	
- 	2211 N CONODECC AVE			FADDRESS	13 HHO8	eaur can it		
ST-ZIP	BOYNTON BEACH FL 33426		1.4 CITY-\$		BOTHION		33436	
31-24	V	☐ DELETE	2.1 TITLE	- 2.17	G2 (-0.10 t		☐ Change	Addition
	LEHTO, TIMO-PEKKA		2.2 NAME			, , , , , , , , , , , , , , , , , , , ,		_
···· I AUDRESS	AND E FOYTDAIL DD		2.3 STREET	ADDRESS			•	
ST-ZIP	WEST PALM BEACH FL 33415		2.4 CITY-S			Start of Alberta		
		☐ DELETE	3.1 TITLE				☐ Change	Addition
_			32 NAME		;	• • •		
LLI ADDRESS			3.3 STREET	ADDRESS				
ST-ZIP			3.4. CITY-S	T-ZIP		•		
-		☐ DELETE	4.1 TITLE				☐ Change	Addition
			4. 2 NAME					
_ FADORESS			4.3 STREET	ADDRESS				
ST-ZIP	<u> </u>		4.4 CITY-S1	T-ZIP		_		
		☐ DELETE	5.1 TITLE			<del></del>	☐ Change	Addition
-			5.2 NAME				-	
_f address			5.3 STREET	ADDRESS			ŕ	
ST-ZIP			5.4 CITY-ST	T-ZIP				
		☐ DELETE	6.1 TITLE				☐ Change	Addition
			6.2 NAME	•				
I ADDRESS			6.3 STREET	ADDRESS				
ST-ZIP	<u> </u>		6.4 C/TY-ST	T-ZIP				

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 toustee 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, with all other like empowered.

GNATURE AND DEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-521-547-2354