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

FILED Apr 02, 1999 8:00 am Secretary of State 04-02-1999 90096 045 ***158.75

1. Corporation	MENT # P97000 IN TRANSPORT SERVICE II						
Principal Place	e of Business	Mailing Address			- I I I I I I I I I I I I I I I I I I I	831 68 181 8518 31811 18	101
P.O. BOX 18301 P.O. BOX 18301					}		
P.O. BOX 18301 P.O. BOX 18301 SARASOTA FL 34276 SARASOTA FL 34276							
					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		İ
2. Principal Place of Business 2a. Mailing Address					12/15/1997 4. FEI Number	Ani	olied For
		—			APPLIED FOR 65-08112		Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					/ \$8.75 A		
22 27				5. Certifcate of Status Desired	Fee Re	quired	
City & State City & State				6. Election Campaign Financing	\$5.00	May Be	
23	28				Trust Fund Contribution	Added to	o Fees
Zip			Countr	у	8. This corporation owes the current year		□No
24	25		30		Personal Property Tax. 10. Name and Address of New Register		LINU -
	9. Name and Address of Curre	nt Registered Agent	81	1 Name			
DI ROCCO, JOSEPH				110	KGAN THOMSON		
3036 EDGEWOOD TERR			82	2 Street Addre	ess (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34231			8:	3 00 00	named name	-	
				3620	ASTER DRIVE	lost Zin C	`ada
Ą			84	City SAI	LASOTA	FL 85 30 C	233
-11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the abov	to named some	ration authorite this statement for the numer	e of changing its	registered
kt	egistered agent, or both, in the State im familia with, and accept the obliga-	of Flands Such change was at	JIDODZEG N	v me comoratioi	n's board of directors. I hereby accept the a	ppomiment as reg	Jistered
SIGNATURE	1111	-			4-2.	-99	
Signature, typed or printed name of registered agent and title if epplicable. (NOTE:				ent signature required	wileti tesialati gj		DC IN 12
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	THOMOON MODOAN	C) DETELE	1.1 TITLE 1.2 NAME			- و	
NAME	THOMSON, MORGAN		1.2 NOVMC	•			
			4.2 CTDE	ET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231			ET ADDRESS			
		□ DELETE	1.3 STREI 1.4 CITY- 2.1 TITLE	ST-ZIP		☐ Change	Addition
ì	V	☐ OELETE	1.4 CITY-	ST-ZIP		☐ Change	Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: