

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  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90025 026 \*\*\*150.00

DOCUMENT # P98000040500

1. Corporation Name

AMERICAN NETWORK TRANSPORTATION MANAGEMENT, INC.

Principal Place of Business

1710 TROPICANA WAY  
VALRICO FL 33954-4074

Mailing Address

1710 TROPICANA WAY  
VALRICO FL 33954-4074

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

4. FEI Number

59-3506268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACALUSO, PETER N ESQ.  
712 W. PLATT STREET  
TAMPA FL 33606

81 Name

Andrews, Jana Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

2807 W. Busch Blvd.

83

Suite 202

84 City

Tampa

FL

85

Zip Code  
33618

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Jana Andrews*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE  
NAME PFUNDT, NORMAN  
STREET ADDRESS 1710 TROPICANA  
CITY-ST-ZIP VALRICO FL 33954-4074

1.1 TITLE PTD ☒ Change ☐ Addition  
1.2 NAME Pfundt, Norman  
1.3 STREET ADDRESS 11100 66th Street North, Ste. 22  
1.4 CITY-ST-ZIP Largo, FL 33773

TITLE VPTD ☒ DELETE  
NAME PFUNDT, BETHANN  
STREET ADDRESS 1710 TROPICANA WAY  
CITY-ST-ZIP VALRICO FL 33954-4074

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME Reynolds, Larry  
2.3 STREET ADDRESS 11100 66th Street North, Ste. 22  
2.4 CITY-ST-ZIP Largo, FL 33773

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE S ☐ Change ☒ Addition  
3.2 NAME Olesen, Eilif  
3.3 STREET ADDRESS 11100 66th Street North, Ste. 22  
3.4 CITY-ST-ZIP Largo, FL 33773

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Norman Pfundt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99

727-548-7726  
Date Daytime Phone #

CR2E034 (11/98)

0379002