PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000041790 1. Corporation Name

W W W TRANSPORT, INC.

1999

Principal Place of Business P.O. BOX 8104 FT. MYERS FL 33908

Mailing Address

2a. Mailing Address

P.O. BOX 8104 FT. MYERS FL 33908

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90156 017 ***150.00

Applied For



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 05/06/1998

4.! FEI Number

Sulte, Apt. 8, etc. 2	Applied For Not Applicable 8.75- Additional Fee Required			4! FEI Number					. Mailing Address	2a.	ace of Business	2. Principal P			
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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 registrice 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 registrices or registred 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 registric agent to am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes. SIGNATURE Signature, typed or printed fame of registered agent and list if suptraction. (NOTE: Reprised Agent signature required when revisitable) DATE	<u>.</u>	82 Street Address (P.O. Box Number is Not Acceptable)													
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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 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 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															

SIGNATURE: 1

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR