

08061999-90005-012-\$550.00-\$550.00

999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$500.00 UNPAID, MINIMUM AMOUNT DUE 10/15/1999: \$500.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000049575			
1. Corporation Name TRANSPORTATION CONSOLIDATIONS, INC.			
Principal Place of Business 16400 COLLINS AVENUE SUITE 642 NORTH MIAMI BEACH FL 33180		Mailing Address 16400 COLLINS AVENUE SUITE 642 NORTH MIAMI BEACH FL 33180	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent SAPIR, AKIVA 16400 COLLINS AVENUE SUITE 642 NORTH MIAMI BEACH FL 33180		10. Name and Address of New Registered Agent	
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, to 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 607.0508, Florida Statutes.		12. OFFICERS AND DIRECTORS	
SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-STATE-ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP	
12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-STATE-ZIP		13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP	
12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-STATE-ZIP		13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP	
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12.25 TITLE 12.26 NAME 12.27 STREET ADDRESS 12.28 CITY-STATE-ZIP		13.25 TITLE 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-STATE-ZIP	
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12.97 TITLE 12.98 NAME 12.99 STREET ADDRESS 13.00 CITY-STATE-ZIP		13.97 TITLE 13.98 NAME 13.99 STREET ADDRESS 14.00 CITY-STATE-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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.			
SIGNATURE:		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR		DATE	

FILED

99 DEC -9 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/03/1998	
4. FEI Number 65-0842319	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. ☐ Yes ☒ No	
10. Name and Address of New Registered Agent	
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FL 85 Zip Code

7/21/99

CR2034 (5/99)

SP

7/21/99 305-940-7555