PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000057435

EUSTIS EXPRESS CORP.

Principal Place of Business 10261 W BROWRD BLVD

PLANTATION FL 33324

Mailing Address

10261 W BROWRD BLVD PLANTATION FL 33324

FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90024 001 *2,100.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					1	06/26/1998						
2. Principal Pl	Place of Business 2a. Mailing Address					4. FEI Number 650846 438			A	pplied For		
· 19	05 N. SR 19 26					6508	146	430	N	ot Applicable		
Suite, Apt.		Suite, Apt. #, etc.							\$8.75	Additional		
22	27					5. Certifcate of Stat	us Desired		Fee R	equired		
City & State						6. Election Campaig	n Financing		\$5.00	May Be		
23 Eustis A. 28						Trust Fund Contr				to Fees		
Zip Country Zip Cou						8. This corporation		rent vear Inta	angible			
24 32726 25 0 29 30						Personal Propert		rone your ne	Yes	□No		
9. Name and Address of Current Registered Agent						10. Name and Addr		Registered .	Agent			
	o. Name and Address of Gardin	- rogistal out / gard	8	1 Na								
COSTELLO, JAMES K JR												
10261 W BROWRD BLVD				82 Street Address (P.O. Box Number is Not Acceptable)								
				83								
PLANTATION FL 33324				3						į		
			8	4 Cit	v				85 Zip	Code		
	-			- '	-			FL	.			
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.												
ayent, ra	III lanillar with, and accept the obligat	ions of, Section 601.0000, Fronta	u ciaiai									
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Re	enistered Ad	ent signa	iture required wh	en reinstating)		DATE				
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHAP	VGES TO O	FFICERS AN	D DIRECT	ORS IN 12		
TITLE	D	☐ DELETE 141			入人	, 			Change	☐ Addition		
ļ	_		1.2 NAME		70	nes J. Co	JE110	JR.		_		
NAME :	COSTELLO, JAMES J JR					ONW 10	o Te	11				
STREET ADDRESS	10201 W Bridering Bend			ET ADDR	ESS /2		رسو	222	วป			
CITY-ST-ZIP				ST-ZIP		191191101	1 1	، ددی	7 7 C	Addition		
TITLE		☐ DELETE	2.1 TITLE		0		ó i		Change	Addition		
NAME		2.2 N		•	K	eun C. C	OOK					
STREET ADDRESS	2.3 \$			ET ADOR	ESS /3	13030 NW 57 ST						
CITY-ST-ZIP	2.40			-ST-ZIP	P	antatio	in Fl	33	<u> </u>			
TITLE	☐ DELETE 3.1 T				ク	T			Change	☐ Addition		
NAME	3.2 N			<u> </u>		rel M.	Mille	4				
STREET ADDRESS	338			ET ADDR		630 JW	7	NR.				
			3.4. CITY		7		1	7 7 8	1224	/		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			Javie /	/-/-		☐ Change	Addition		
TITLE			4. 2 NAM		105	·	CosTo	-//-	Se			
NAME						ones J	<i>(</i>	10	->K			
STREET ADDRESS				ET ADDR	(F22)	SOI NO	. 6					
CITY-ST-ZIP			4.4 CITY			Planta T.	TUA	1	333	7 Addition		
TITLE		☐ DELETE	5.1 TITLE			•		•		Addition [
NAME	i.		5.2 NAM									
STREET ADDRESS			5.3 STRE	ET ADDR	RESS					ļ		
CITY-ST-ZIP			5.4 CITY									
TITLE		☐ DELETE	6.1 TITLE	-					☐ Change	☐ Addition		
NAME			62 NAM	Ē						ļ		
STREET ADDRESS			6.3 STRE	ET ADDR	RESS							
			6.4 CITY	ST-7IP								
CITY-ST-ZIP	ertify that the information supplied wit	h this filing does not qualify for th			tated in Sec	tion 119 07(3)(i) Flor	rida Statutes	I further cer	tify that the	information		

4. 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 must be empoyared 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

120 /99 Date 254423 903

CR2E034 (11/98)