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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000059305 1. Corporation Name O'BRIEN TRANSPORTATION, INC.					
Principal Place of Business Mailing Address	·····) INTIINTI 310 leval task nask etkil arki ali	(On Overlin Hintiden bling)	ODIRI OKI 1401
6233 SW 22 STREET 6233 SW 22 STREET	т		•		
MIRAMAR FL 33023 MIRAMAR FL 33023	•				
			DO NOT WRITE IN TH	IS SPACE	
			ate Incorporated or Qualifed		
2. Principal Place of Business 2a. Mailing Address			7/02/1998 Number	AD	plied For
	3	"''	15-0846899		L Applicable
28	lc.			\$8.75	dditional
22 27		5. C	ertificate of Status Desired	Fee Re	perlup
City & State — City & State —			ection Campaign Financing	\$5.00	
23 28			ust Fund Contribution	Added t	o Fees
Zip Country Zip	Country		ils corporation owes the current year i		□No
24 25 29	30		ersonal Property Tax. ame and Address of New Registers		
Name and Address of Current Registered Agent	81 Name	10. 11	and read.		
MICHAEL LAWRENCE, DANE ST.	20 20 14	44 (D.O.	Double to in Not Assessable)		 }
6233 SW 22 STREET	82 Street A	egaress (P.O	Box Number is Not Acceptable)		
MIRAMAR FL 33023	83				
·	84 City			85 Zip C	ode
	[-]		<u></u>	L _	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida office or registered agent, or both, in the State of Florida. Such change agent. I am familiar with, and accept the obligations of, Section 607.050 SIGNATURE Secreture Need or printed name of registered spent and title If applicable.	was automized by the coroot	ration's doard	o or onectors. I hereby accept the app	or changing its pointment as rec	
office or registered agent, or both, in the State of Flonds. Such change agent. I am familiar with, and accept the obligations of, Section 607.050	was authorized by the corpor 05, Florida Statutes.	quired when reins	o or onectors. I hereby accept the app	AND DIRECTO	
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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 Statules. I further certify that the information indicated on this annual report of 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 copyoration of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statules; and that my name appears in Block 12 or Block 13 if printinged or one attachment with an address, with all other like empowered.

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Jan 23, 1999 8:00 am Secretary of State

01-23-1999 90028 041 ***150.00