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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000067624

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90092 031 ***150.00

Oi imad	LE TRANSPORT SERVICE, I	INC.						
Principal Plac	ce of Business	Mailing Address						ISBN BING INGI
14656 63RD COURT NORTH LOXAHATCHEE FL 33470 14656 63RD COURT NORTH LOXAHATCHEE FL 33470						DO NOT WRITE IN TH	HIS SPACE	
						3. Date Incorporated or Qualifed		
						07/30/1998		
2. Principal F	Place of Business	2a. Mailing Address				4 EEI Number	Ap	plied For
21		26				65-086271	Y No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc				5. Certifcate of Status Desired	\$8.75 / Fee Re	
City & Sta	ite	City & State	·			6. Election Campaign Financing	\$5.00	May Be
23 _	e e e e e e e e e e e e e e e e e e e	28 -				Trust Fund Contribution	Added t	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year		./
24	25	29	30			Personal Property Tax.	Yes	DZNo
	9. Name and Address of Curren	t Registered Agent	<u> </u>	81 Na		10. Name and Address of New Register	ed Agent	
SPR	RINGLE, WILLIAM EARL JR			oi Na	me		_	
	56 63RD COURT NORTH			82 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)		
	CAHATCHEE FL 33470			83				
20.0	4 B () 4 N L 2 V L 30 V V			65			_	
				84 Cit	y	F	85 Zip (Code
44 Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida S	Statutes the a	hove-nan	sed como	pration submits this statement for the purpose		registered
office or a	registered agent, or both, in the State	of Florida. Such change v	vas authorized	by the c	omoratio	n's board of directors. I hereby accept the ap	pointment as re	gistered
		tions of Costion 607 DEGE	Elorido Stat	utoc	o.p			_
		tions of, Section 607.0505	5, Florida Stat	utes.	. ,			
SIGNATURE			5, Florida Stat	utes.		·		
·	Signature, typed or printed name of registered ager		5, Florida Stat	utes.		·		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	5, Florida Stat	Agent signa		when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. ID DIRECTORS	(NOTE: Registered	Agent signa		when reinstating) DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered ager OFFICERS AN D CURRY, KATHY	nt and title if applicable. ID DIRECTORS	(NOTE: Registered 13. IE 1.1 TT 1.2 No	Agent signa	ture required	when reinstating) DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed of printed name of registered ager OFFICERS AN D CURRY, KATHY	nt and title if applicable. ID DIRECTORS DELET	(NOTE: Registered 13. FE 1.1 TT 1.2 N/ 1.3 ST	Agent signa	ture required	when reinstating) DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed of printed name of registered ager OFFICERS AN D CURRY, KATHY 14656 63RD COURT NORTH LOXAHATCHEE FL 33470 D	nt and title if applicable. ID DIRECTORS	(NOTE: Registered 13. FE 1.1 TT 1.2 N/ 1.3 ST	Agent signa TLE AME TREET ADDR	ture required	when reinstating) DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN D CURRY, KATHY 14656 63RD COURT NORTH LOXAHATCHEE FL 33470 D SPRINGLE, WILLIAM EARL JR	nt and title if applicable. ID DIRECTORS DELET	(NOTE: Registered 13. FE 1.1 TT 1.2 N/ 1.3 ST	Agent signa TLE AME TREET ADDR TY-ST-ZIP TLE	ture required	when reinstating) DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN D CURRY, KATHY 14656 63RD COURT NORTH LOXAHATCHEE FL 33470 D SPRINGLE, WILLIAM EARL JR 14656 63RD COURT NORTH	nt and title if applicable. ID DIRECTORS DELET	(NOTE: Registered 13. 11.1 TI 12.N 1.3 ST 1.4 CI 22.N	Agent signa TLE AME TREET ADDR TY-ST-ZIP TLE	ESS	when reinstating) DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D CURRY, KATHY 14656 63RD COURT NORTH LOXAHATCHEE FL 33470 D SPRINGLE, WILLIAM EARL JR	nt and title if applicable. ID DIRECTORS DELET	(NOTE: Registered 13. TE 1.1 TI 1.2 N/ 1.3 ST 1.4 CI TE 2.1 TI 2.2 N/ 2.3 ST 2.4 C	Agent signa TLE AME TY-ST-ZIP TLE AME TREET ADDR TREET ADDR TREET ADDR	ESS	when reinstating) DATE	AND DIRECTO	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN D CURRY, KATHY 14656 63RD COURT NORTH LOXAHATCHEE FL 33470 D SPRINGLE, WILLIAM EARL JR 14656 63RD COURT NORTH	nt and title if applicable. ID DIRECTORS DELET	(NOTE: Registered 13. 11.1 Tr 1.2 N/ 1.3 ST 1.4 CI 12.1 TE 2.1 Tr 2.2 N/ 2.3 ST 2.4 C	Agent signa TLE AME TY-ST-ZIP TLE AME TREET ADDR TREET ADDR TREET ADDR	ESS	when reinstating) DATE	AND DIRECTO	DRS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN D CURRY, KATHY 14656 63RD COURT NORTH LOXAHATCHEE FL 33470 D SPRINGLE, WILLIAM EARL JR 14656 63RD COURT NORTH LOXAHATCHEE FL 33470	nt and title if applicable. ID DIRECTORS DELET DELET DELET	(NOTE: Registered 13. 15. 11.1 TE 1.2 N/ 1.3 ST 1.4 CI 12.2 N/ 2.3 ST 2.4 CC 15. 3.1 TT 3.2 N/ 3.3 ST 3.4 C. 16. 4.1 TT 4.2 N/ 4.3 ST 4.4 CI 4.4 CI	Agent signa RLE AME REET ADDR TY-ST-ZIP TLE AME REET ADDR TITY-ST-ZIP TLE TREET ADDR TTY-ST-ZIP TLE TREET ADDR TTY-ST-ZIP	ESS ESS ESS	when reinstating) DATE	AND DIRECTO Change Change	PRS IN 12 Addition Addition Addition
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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 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: