

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90002 012 ***150.00

DOCUMENT # P98000069079

1. Corporation Name

NATIONAL Freight Services, Inc.

Principal Place of Business

*3590 So. State Rd 7
MIRAMAR, FL. 33023*

Mailing Address

*3590 So. State Rd. 7
MIRAMAR, FL. 33023*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/4/98

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Gleann Miller
3590 So. State Rd 7
MIRAMAR, FL. 33023*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE *X*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *Gleann Miller, Pres.* ☐ DELETE
NAME *3590 So. State Rd 7*
STREET ADDRESS *MIRAMAR, FL. 33023*
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

NATIONAL FREIGHT SERVICES, INC.
3590 SO. STATE RD 7
MIRAMAR, FL. 33023
(954) 989-6299

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594956-90002-12

July 7, 1999

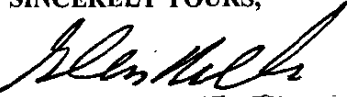
ANNUAL REPORTS FILING
DIVISION OF CORPORATIONS
409 EAST GAINS STREET
TALLAHASSEE, FL. 32399

RE: NATIONAL-WHOLESALE SERVICES, INC.
DOC # P98000069079

DEAR SIR,

I HAVE ENCLOSED A CHECK FOR THE PAYMENT OF MY ANNUAL REPORT.
I NEVER RECEIVED THE INITIAL NOTICE NOR A FOR PROFIT CORPORATION ANNUAL
REPORT FOR 1998. I WOULD HAVE MOST CERTAINLY PAID THE FEE TIMELY HAD I
RECEIVED THE FIRST NOTICE. THANK YOU FOR YOUR ASSISTANCE WITH THIS
MATTER.

SINCERELY YOURS,



GLENN MILLER
PRESIDENT