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

DOCUMENT # P98000078600 Corporation Name WC TRANSPORTATION, INC.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90233 020 ***150.00



Principal Placi	e of Business	Mailing Address						
5023 HERON C		5023 HERON COUR						
COCONUT CRE	EK FL 33073	COCONUT CREEK	COCONUT CREEK FL 33073			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						09/04/1998		
2. Principal P	lace of Business	2a, Mailing Addres	s			4. FEI Number Applied For		
21	26					4. FEI Number 3552287 Applied For Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional		
22 27						5. Certifcate of Status Desired Fee Required		
City & Stat	e	City & State				6. Election Campaign Financing S5.00 May Be		
23	28					Trust Fund Contribution Added to Fees		
Zip	Country					This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.		
	9. Name and Address of Cu					10. Name and Address of New Registered Agent		
			<u>-</u>	81	Name			
COL	on, Wilfredo				D C			
5023 HERON COURT				82	82 Street Address (P.O. Box Number is Not Acceptable)			
COC	CONUT CREEK FL 33073			83				
	·							
				84	City	FL 85 Zip Code		
		0500 and 007 1509 Florida	Ctatutas the s	, bove	nomod c	corporation submits this statement for the purpose of changing its registered		
office or r	registered agent, or both, in the St	tate of Florida. Such change	was authorized	d by	the corpor	ration's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the ob	oligations of, Section 607.05	05, Florida Stat	utes.				
SIGNATURE								
	Signature, typed or printed name of registered			Agen	signature rec	quired when reinstating) DATE APPLICACIONATION TO DESCRIPTION AND DIFFECTORS IN 12		
12.	OFFICERS AND DIRECTORS 13.			m c	————	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PST		
TITLE	☐ DELETE : 1.11				La Calan			
NAME			1.2 N		1	WILFREDO COLON 5023 HORON CT CoConst CAREK, FL 33073		
STREET ADDRESS			1.3 S	TREET	ADDRESS	5023 HERON CI		
CITY-ST-ZIP				ITY-ST	-ZIP	CoConst CREEK, R. 33073		
TITLE		☐ DEL	E[E 2.1 TI	2.1 TITLE		☐ Change ☐ Addition		
NAME			2.2 N	2.2 NAME				
STREET ADDRESS	ESS 23		23 STREET ADDRESS					
CITY-ST-ZIP	2.4		2. 4 CITY-ST-ZIP					
TITLE		☐ DEL	ETE 3.1 TI	TLE		☐ Change ☐ Addition		
NAME			32 N	AME				
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP			3.4. 0	TY-S	T-ZIP			
πιε		☐ DEL				☐ Change ☐ Addition		
NAME			4,21	IAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
City-St-ZIP				ITY-S1				
TITLE		☐ DEL		_		☐ Change ☐ Addition		
NAME			5.2 N		1			
STREET ADDRESS			5,3 S	TREET	ADDRESS			
				ITY-S1				
CITY-ST-ZIP		. DEL				☐ Change ☐ Addition		
TITLE			6.2 N					
NAME								
STREET ADDRESS			■ pne	TDEET				
CITY-ST-ZIP				TREET ITY-SI	ADDRESS			

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 informati 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 attackment with an address, with all other like empowered.

SIGNATURE: