PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris ANNUAL REPORT Secretary of State

FILED Feb 22, 1999 8:00 am Secretary of State 02-22-1999 90020 039 ***150.00

i	1999	DIVISION OF CC	RPORATIONS				
) Corputation	MENT # P98000 IARED LOGISTICS, INC.	081137					,
				}			
Principal Place	e of Business	Mailing Address		_	I indiindii iib itidik indii eenu enki dakk edi	DI SAKAT SIGEL NEGO	11114 (B 3 1 1 06)
4570 FRANWOO		4570 FRANWOOD DRIVE					
DELRAY BEACH		DELRAY BEACH FL 33445			DO NOT WRITE IN TH	IS SPACE	
				-	3. Date incorporated or Qualifed		
					09/18/1998		
2. Principal P	lace of Business	2a. Mailing Address	 		4. FEI Number		olied For
21		26		\dashv	65-0867809	\$8,75 A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.]	5, Certificate of Status Desired —	Fee Re	
City & Stat	le .	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip 39	Country		This corporation owes the current year I Personal Property Tax.		□No
24	9. Name and Address of Curren		4		0. Name and Address of New Registers		
	NSO, MONICA KALKER ESO.		81 Name	ha 1	ACTIVATION		
	82 Street	Address	TANENDA regs (P.O. Box Number is Not Acceptable)				
1192	24 FOREST HILL BLVD.		457	o H	ANWOOD DI		
	TE 82-227 LINGTON FL-33414		83 1				ļ
MEL	THOUGH LE 22414		84 City		2.4.1.1	85 Zip C	ode
-	A Continue ON DEC	2 and ED7 seno Clarida Ctatutas	the above comed	<u>una</u>	DEALT F		4
11. Pursuant office or r	egistered agent, of both, in the State	of Florida. Such change was auth	orized by the corpo	oration's	on submits this statement for the purpose board of directors. I hereby accept the app	ointment as reg	istered
agent. I a	im familiar with and accupt the obligat	nons of, Section 607.0000, Fiond	а Ѕтациез.		11	^ ~	
}	V /\ /2 VI		TAURDON	1	v 1151	99	ļ
SIGNATURE	Signature, ripsed or printed name of registered again	JOHN	JAN QUDA gistared Agent signature n	2	reinstatung) DATE	1/	{ _
SIGNATURE	OFFICERS AN	t and title if applicable. (NOTE: Re	JAN (SU) A gistared Agent signature in 13.	2	<u>x //01</u>	ND DIRECTO	{ _
12.	PD OFFICERS AN	t and title if applicable. (NOTE: Re	TAVEVOS gistared Agent signature in 13. 1.1 TITLE	2	reinstatung) DATE	1/	{ _
12. TITLE NAME	PD JANENDA, JOHN PAUL	t and title if applicable. (NOTE: Re	DANCE 12 NAME	2	reinstatung) DATE	ND DIRECTO	{ _
12. TITLE NAME STREET ADDRESS	PD JANENDA, JOHN PAUL 4570 FRANWOOD DRIVE	t and title if applicable. (NOTE: Re	TAN QUILLE 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	2	reinstatung) DATE	ND DIRECTO	{ _
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12. TITLE NAME STREET ADDRESS	JANENDA, JOHN PAUL 4570 FRANWOOD DRIVE DELRAY BEACH FL 33445 VPD	t and title if applicable. (NOTE Re D DIRECTORS	TAN SUPPLY Agent signshire in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2	reinstatung) DATE	AND DIRECTO	RS IN 12
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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 informational 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN D JANGUA RINTED NAME OF SIGNING OFFICER OR DIRECTOR