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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000087531

1. Corporation Name

D & A TRANSPORT, INC.

Principal Place of Business

1126 VISCAYA LAKE ROAD
APARTMENT 307
OCOE FL 34761

Mailing Address

P.O. BOX 1286
OCOE FL 34761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1998

4. FEI Number

59-3539688

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be**

Trust Fund Contribution

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

EHRAM, ADAM T
P.O. BOX 1286
OCOE FL 34761

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME
PETRIZZO, LINDA CAROL
STREET ADDRESS
426 BRIARWOOD ROAD
CITY-ST-ZIP
MASSAPEQUA NY 11758
TITLE **VPD** ☐ DELETE
NAME
EHRAM, ADAM T
STREET ADDRESS
P.O. BOX 1286
CITY-ST-ZIP
OCOE FL 34761
TITLE **SD** ☐ DELETE
NAME
EHRAM, AMY SUZANNE
STREET ADDRESS
426 BRIARWOOD ROAD
CITY-ST-ZIP
MASSAPEQUA NY 11758
TITLE **TD** ☐ DELETE
NAME
EHRAM, ADAM T
STREET ADDRESS
P.O. BOX 1286
CITY-ST-ZIP
OCOE FL 34761
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

Adrian Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)