PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Ketherine Harris

Secretary of State : ... DIVISION OF CORPORATIONS

DOCUMENT # P98000088493

FLORIDA TRANSPORT SYSTEMS, INC.

·, ·	
Principal Place of Business	Mailing Address
16232 EMERALD COVE ROAD WESTON FL 33331	16232 EMERALD COVE ROAD WESTON FL 33331
· ·	

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90026 016 ***150.00

	Business	Mailing Address				•	
16232 EMERALD CO	OVE ROAD	16232 EMERALD COVE RO	AD				
WESTON FL 33331		WESTON FL 33331			DO NOT HIGHE IN TIN		
•					DO NOT WRITE IN THE	SSPACE	
_			a.		3. Date Incorporated or Qualifed		• . [
***	e == Common equipped extension	· · · · · · · · · · · · · · · · · · ·	- :		- 10/15/1998	·	
2. Principal Place	of Business	2a. Mailing Address			4, FEI Number	<u> </u>	olied For
21 36	Ame	26 SAMO	<u>Same</u>		05-0801 150		Applicable
Suite, Apt. #, et	tc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27	•		5, Certificate of Salara Desired	Fee Re	quired
City & State		City & State		-	-e. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country		Zip Country		8. This corporation owes the current year Intangible		
24	25	29	30	•	Personal Property Tax.	ŬYes	□No
	Name and Address of Currer	<u> </u>	1341		10. Name and Address of New Registered	Agent	
	. Name and Address of Outre	in Registeres Agent	81	t Name		· · · · ·	
CASTRO), MAGDIEL		L.				
	MERALD COVE ROAD		83	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		1
	N FL 33331		8:	 -			
WEDIO	112 30001		*	'		. •	1
· ·	- *		84	4 City		85 Zip C	ode
			1	1	<u>.</u> <u>F</u>		
11. Pursuant to th	ne provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above	ve-named corp	oration submits this statement for the purpose of	f changing its	registered
nffirm or regist	tered agent, or both, in the State miliar with, and accept the obliga	ot ⊱innova. Such chande was a	umonzea o	v ine corporatio	on's board of directors. I hereby accept the appoint	minimant as 108	15.0.00
	All the second	*		•	3.70	1-99	l
SIGNATURE Signa	sture, typed or printed name of registered age	nt and title If applicable. (NOTE	: Registered Age	oni signature require	d when reinstating) DATE		
12.		ID DIRECTORS	13.	. \	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
	1AGDIEL CAST					☐ Change	AddiSon
NAME	IHODIEC CASI	ru-incologiv	/	II	1		ŀ
			# 17NAM-				
	232 EHERALD	COVE ROAD	12 NAME		71/9		
l	1232 EHERALD	COVE ROAD	1.3 STREE	ET ADDRESS	ηa		.
CITY-ST-ZIP 1	1232 EHERALD 1ESTON, FL 33	3331	1.3 STREI 1.4 CITY-	ET ADDRESS ST-ZIP	η	☐ Chanoè	Addition
CITY-ST-ZIP (A)	N32 EHERALD NESTON, FL 33	COVE ROAD 3331 DELETE	13 STREI 14 CTY- 21 TITLE	ET ADDRESS ST-ZIP	71/9	☐ Change	Addition
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Indicated on this annual report or supplied with ansaling does not quality for the exemption stated in Section 119.07(3)). Finite Statutes, indicated on this annual report or suppliemental 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.