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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAR MENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

04-26-1999 90182 010 ***158.75

r. Corporation	MENT # P980000 ORT EXPRESS, INC.)8857	6						
Principal Place	e of Business	Mailing Ad	dress				84:11 Enidt Bille Dil		514 STIT 1981
4203 W ATLANT	TIC BLVD. STE 220	4203 W ATL	LANTIC BLVD. S	TE 220					
COCONUT CRE		COCONUT	CREEK FL 33066			DO NOT WRIT	E IN THIS SPACE	E	
						3. Date Incorporated or Qualifed	2.,		
						10/15/1998			
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number		Appl	i∋d For
1 4403	W. Atlantic Blud	26 4103	WAtta	ntic Bi	<u>vd</u>	65-0877243			Applicable
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.		_	5. Certifcate of Status Desired	14.1/		iditional
	<u> </u>		415_				<u> </u>	ee Reg	
City & State		City &	_			6. Election Campaign Financing		5.00 N	•
23 Cocon	ot Cheek FL	28 Co Co Zip	not U	country		Trust Fund Contribution		dded to	1.669
J Pa.	_ ' '		3066	30 USA		This corporation owes the curre Personal Property Tax.	ent year ir tangible Ye		No
33.	9, Name and Address of Current			301 000		10. Name and Address of New Ro			
	o, Home and Faderson of Guitem	B		81	Name		<u> </u>		
	gler, Chris M			82	Stroot	Address (P.O. Box Number is Not Acceptal	hie)		
4203 W ATLANTIC BLVD, STE 220					Subblif	Address (F.O. DOX MURDER IS NOT Accepted			
COC	ONUT CREEK FL 33066			83					
				84	City		95	Zip Co	de
				'			F!_ _		
office o r	egistered agent, or both, in the State or m familiar with, and accept the obligation of segments of registered agent.	Florida, Such ins of, Section	change was at 607.0505, Flor	ithorized by ida Statutes.	the corpo	corporation submit; this statement for the pration's board of directors. I hereby accept accept the province of the province o	t the appointment	as regi	stered
12.	OFFICERS AND			13.	, signature it	ADDITIC NS/CHANGES TO OFF	ICERS / ND DIR	ECTOF	S IN 12
TITLE	PD		DELETE	1.1 TITLE			□ Cł	ange	Addition
NAME	BOEGLER, CHRIS M			1.2 NAME	ļ				
STREET ADDRESS	ARROLD ATLANTIC BUILD OTT A	20		1.3 STREET	ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL 33066		,	1.4 CITY-ST	r-ZiP				
TITLE	VTD		DELETE	2.1 TITLE		VTD			Addition
NAME	BOEGLER, SCOTT R			2.2 NAME		MARISSA BOEGLET 4103 W.AHANTICBIU	1 = 10 + 4	l	
STREET ADDRESS	5316 PINE CIRCLE			2.3 STREET	ADDRESS	4103 W. AHANTICOID	G ⊃15.'€	145	
CITY-ST-ZIP	CORAL SPRINGS FL 33067			2 4 CITY-S		Woonut Preek, FL 3	<u> </u>		
TITLE			☐ DELETE	3.1 TITLE	- {		□ cr	ange	Addition
NAME				3.2 NAME					
STREET ADDRESS				, 3.3 STREET	ADDRESS				
CITY-ST-ZIP			C) pricze	3.4. CITY-S	T-ZIP				Addition
TITLE			DELETE	41 TITLE	- {		புப	ange	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	- {				
CITY-ST-ZIP			DELETE	4.4 CITY-ST 5.1 TITLE	- ZIP	 		ange	Addition
TITLE			[] 020272	5.2 NAME					
NAME STREET ADDR :SS				5 3 STREET	ADDRESS				'
	}			5.4 CITY- ST	J				
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE	-+	<u> </u>		ange	Addition
NAME				6.2 NAME	}				
STREET ADDRESS				6.3 STREET	ADDRESS				

6.4 CITY-ST-ZIP 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 formation officer or director of the corporation of 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 in an attachment with an address. If the latest the empowered in the empower in the empower

SIGNATURE: