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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000096054 1. Corporation Name

## Mar 23, 1999 8:00 am Secretary of State

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I	or transportation st	OHAGE, INC.	,						
Principal Place	e of Business	Mailing Address				iti <b>Pa</b> in <b>at</b> tia i	3100 <b>4</b> 1111 43101 1	BISH BIBLINET	: 55
5482 CENTRAL FLA. PARKWAY 5482 CENTRAL FLA. PARKWA									٠;
ORLANDO FL 32821 ORLANDO FL 32821					DO NOT WRIT	E IN THIS	SPACE		
					3. Date Incorporated or Qualifed		-		1
Í					11/10/1998				١.
2 Principal P	face of Business	2a. Mailing Address			4. FEI Number		Apr	plied For	i .
21 28					159-35505	<b>〈X</b> _	Not	Applicable	1 :
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City & Stat		- City & State			6. Election Campaign Financing		\$5.00		-1
23		28			Trust Fund Contribution		Added to	rees	)
Zip	Country	Zip 29 3	Count	ry	This corporation owes the curre     Personal Property Tax.	ant year inta	ungible ☐ Yes	□No	
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New R	legistered /	<del></del>		)
<del> </del>	9. Name and Address of Corre	mt Kegisteled Agolit		1 Name					
EME	RSON FINANCIAL CORPORATI	ION	)_	12 Charles Bridge	ress (P.O. Box Number is Not Accepta	hial			
	2 CENTRAL FLA. PARKWAY		l°	Street Addr	ress (F.O. Box Nomber is Not Accepte	10.07	_		]
	ANDO FL 32821		]8	13					]
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11. Pursuant	to the provisions of Sections 807.05	502 and 607.1508, Florida Statutes,	the abo	ove-named corp	poration submits this statement for the on's board of directors. I hereby accept	purpose of	changing its	registered distered	
office or r	registered agent, or both, in the Stati im famillar with, and accept the oblig	e of Florida, Such change was add jations of, Section 607.0505, Florid	a Statute	93.	on a position districts. I have by soot	,			'
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SIGNATURE			_						١.
SIGNATURE	Signature, typed or printed name of registered ag	<u></u>		peni signeture require	d when reinstating)	DATE FICERS AN	n DIRECTO	RS IN 12	<b>8</b>
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	11/98)
12.	OFFICERS A	<u></u>	13.		es when reinstelling) ADDITIONS/CHANGES TO OF				34.(1.1/98)
12. TITLE NAME	OFFICERS A D BRIMO, MAZEN	UND DIRECTORS	13, 1.1 TITLE 1.2 NAM	E .	ed when reinstelling) ADDITIONS/CHANGES TO OF				E034.(14/98)
12, TITLE NAME STREET ADDRESS	D BRIMO, MAZEN 5482 CENTRAL FLA. PARKW	UND DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE	E EET ADORESS	ed when reinstelling) ADDITIONS/CHANGES TO OF				R2E034.(11/98)
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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 trustae 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: