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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S25581

(7)

V & M TRANSPORT, INC.

FILED Jan 21 1998 8:00am Secretary of State

V (X (V)	INAROFONT, INC.						
Principal Place	of Business	Mailing Addr	ess				1 DIA DIBSI DIDIS DIDIS BIBII (801
12575 52ND RD NORTH 12575 52ND RD NORTH							
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411						DO NOT WEITE IN THE	ID DDAOE
						DO NOT WRITE IN TH  3. Date Incorporated or Qualified	IS SPACE
						01/16/1991	
2 Principal Pl	ace of Business	2a, Mailing A	ddress			4. FEI Number	Applied For
21	aby of Booming	26	aa aaa			59-3054471	Not Applicable
[ Sulte, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22 27						5. Certificate of Status Desired	Fee Required
City & State	)	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country Zip			Country		8. This corporation owes or has paid the	
24	25	29	30	<u> </u>		Personal Property Tax due June 30.	☐ Yes 【 No
<del></del>	g, Name and Address of Currer	nt Hegislered Age	nt	81	Nom-	10. Name and Address of New Registere	a Agent
PARRELLI, GREGORI G					Name		
517 WHITEHEAD STREET				82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
KEY WEST FL 33040				83		<del></del>	
	-			63			
				84	City		85 Zip Code
	<b>16</b> 11 007 050	0 1007 4500 5					L as 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.							
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed neme of registered agent and title # applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
12.		D DIRECTORS	(NOTE H	13.	ni signature requin	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PST		DELETE	1.1 TITLE		ADDITIONS/CIPATOLES TO CITTOLING	Change Addition
NAME	PETERS, VERNON J			1.2 NAME			-
	STREET ADDRESS 12575 52ND RD NORTH		1.3 STREET ADDRESS		ADORESS		
CITY-ST-ZIP ROYAL PALM BEACH FL 334		111	1.4 City - St - ZiP				
TITLE			DELETE 2.1 TITLE				Change Addition
NAME				2.2 NAME			
STREET ADDRESS	IEEF ADDRESS		2.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP				2.4 CITY-5	S1-ZIP		
TITLE		L	DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4. CITY-5	ST - ZIP		
TITLE			DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME				4. 2 NAME	1		
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY-S	T-ZIP		
TITLE			DELETE	5 1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5 3 STAEET	address		
CITY-ST-ZIP				5.4 CITY-S	T-ZIP		
TITLE			DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY-ST-ZIP				6.4 CITY-S	T-ZIP		

4. 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 diaproed, or on an attachment with an address.

CICNATURE. Server

1-8-981

(561) 791-0607