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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90123 002 ***150.00

1. Corporation	MENT # S29782 GHT CARGO SERVICES, INC).								
Principal Place	e of Business	Mailing Address			Ì	1194.	*** *** ****			
5449 \$ SEMORAN BLVD #228 ORLANDO FL 32822-1779		5449 S SEMORAN BLVD #228 ORLANDO FL 32822-1779				DO NO	WRITE IN TH	IS SPACE		
US		US			-	Date Inco	rporated or Qu		D OF ACE	
					3.	02/06/1	•	allied		Į
2 Principal P	lace of Business	2a. Mailing Address				FEI Numb			I An	plied For
21	acc of Buomoso	26			["	59-3047			<u> </u>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		·				[7]	\$8.75	
22		27			5.	Certificate	of Status Desi	red 🗍	Fee Re	equired
City & State	e	City & State			6.	Election C	ampaign Finar	ncing	\$5.00	May Be
23		28				Trust Fun	d Contribution		Added	to Fees
Zip	Country	Zìp	Country		8.			e current year I		
24	25	29 30	<u>) </u>				roperty Tax.		Yes	
	9. Name and Address of Current	Registered Agent	81	Name	10.	Name an	d Address of	New Registere	d Agent	
VATI	ES, CLIVE M		"	Name						
3112 S SEMORAN BLVD #2			82	Street	Address (F	P.O. Box Nu	ımber is Not A	cceptable)	_	
ORLANDO FL 32822			83				·	_		
0.10			00	ľ			_			
			84	City				F	85 ,Zip	Code .
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auth	orized by	the corpo	corporatio oration's b	n submits to pard of dire	nis statement fi ctors. I hereby	or the purpose	of changing its	registered gistered
	Signature, typed or printed name of registered agent	` `		t signature r	required when i			DATE		
12.	OFFICERS AND		13.			ADDITIONS	S/CHANGES T	O OFFICERS A	Change	Addition
TITLE	P BULLY !								[_] Crisinge	
NAME	WHEATON, BILLY J.				l					į
STREET ADDRESS			1.3 STREET							
CITY-ST-ZIP			1.4 CITY-S	T- ZIP					Change	Addition
TITLE	·		2.1 TTTLE 2.2 NAME]				□ ournings	□,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME		DA GOLDEN TANDER ON THE PER			,					}
STREET ADDRESS			2.3 STREET)			÷	-)
CITY-ST-ZIP	ORLANDO FL TS	☐ DELETE	2.4 CITY-S 3.1 TITLE	II-ZIP	Park	UPZ	75		Change	Addition
NAME	YATES, CLIVE M.		3.2 NAME			J	• —		C	-
STREET ADDRESS	3112 S SEMORAN BLVD #2		33 STREET	ADDRESS	1					
CITY-ST-ZIP	ORLANDO FL 32822		3.4. CITY-S							}
TITLE	ONEANDO TE GEORE	☐ DELETE	4.1 TITLE						Change	☐ Addition
NAME		1	4.2 NAME							ļ
STREET ADDRESS			4.3 STREET	ADDRESS	1					1
CITY-ST-ZIP			4.4 CITY-S							
TITLE		☐ DELETE	51 TITLE		1				Change	Addition
NAME			5.2 NAME							}
STREET ADORESS			5.3 STREET	ADDRESS	ł)
CITY-ST-ZIP			5.4 CITY-S	r-zip						
TITLE		☐ DELETE	6.1 TITLE						Change	☐ Addition
NAME			6.2 NAME							İ
STREET ADDRESS			6.3 STREET	ADORESS	ļ					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP