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

**PROFIT** CORPORATION ANNUAL REPORT

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S75882

(8)

DAVID'S TRANSPORT INC.

**FILED** Apr 29 1997 8:00am Secretary of State



Principal Place of E	Rusiness	Mailing Address		r cemirara ini sandi kisat tahan rang mini mini mini mini mini mini mini mi		
2334 CYPRESS BEND DR. S #312 POMPANO BEACH FL 33089 US		2334 CYPRESS BEND DR. 8 #312 POMPANO BEACH FL 33069-5626 US				
				3. Date Incorporated or Qualified 06/23/1991	3a. Date of Last R 07/18/1996	Report
2. Principal Flace i		2a. Mailing Address		4. FEI Number	Aŗ	oplied For
21 23334 C	HPREX BEND DR.S.	26 2334 Cype	ESS BENDDE.	S. 65-0281488	·················	ot Applicable
Suite, Apr. #, cit	<u>,                                    </u>	Suite, Apt. #, etc.		6. Certificate of Status Desired		Additional aquired
City & State		27 3 2 City & State		6. Election Campaign Financing		<del></del>
	40 BEACH, FL	28 POMPANO	REACH FL	Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	······································	
24 33069		29 33069	30 BROWARD	Florida Statutes	Yes No	
9.	Name and Address of Current	Registered Agent		10. Name and Address of New Re	jistered Agent	
Kirby, D			81 Name	DAVID KIRRY	1	
	Press bend Dr. S #312		82 Street Add	lress (P.O. Box Number is Not Acceptab	e)	
POMPAN	O BEACH FL 33069			CYPPESS BEND DR	<u>, ≥, ₩315</u>	
			83			
			<b>84</b> City _		<b>95</b> Zip	Code ろひしり
44 Dure part to the	provisions of Continue 607 0602	and 607 1609 Elorida Statu	Donot assess	AND BEACH		
office or registe	ered agent, or both, in the State o	f Florida. Such change was	authorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing fi It the appointment as	registered
agent Lamitar	whar with, and accept the obligati	ons of, Section 607.0505, Fi	orida Statutes.			
SIGNATURE Stone	napa perebinal fi area bulana e bezer en	and (tile if applicable.) (NO	TE: Registered Agent signature requi	red when rainstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		IS IN 12
TOLE P	. 1448-17-18-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	DELETE	1.1 TITLE		☐ Change	Addition
NAME KIF	RBY, DAVID		1.2 NAME			
	34 Cypress Bend Dr. S #3	12	1.3 STREET ADDRESS			
Offy-St-ZiP PO	MPANO BEACH FL 33069		1.4 CITY-ST-ZIP			
THILE		☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME:			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	1.04		
CITY - S1 - ZIP		·	2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-\$1-7(P		DELETE	3.4. CITY-ST-ZIP		Dohasa	1.00000
TOLE		L) DECEIE	4.1 TITLE		L_] Change	Addition
NAME CHARLET ADODECC			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition
NAME			5.2 NAME		Committee	
STREET ADDRESS			5.3 STREET ADDRESS			
CHY-SI-ZP			5.4 CITY-ST-ZIP			
THUE	**************************************	DELETE	5.4 CHY-51-2IP 6.1 TITLE		☐ Change	Addition
NAME		had a new to	6.2 NAME		Same City (Bo	
STREET ACCORESS			6.3 STREET ADDRESS			
CITY-SI-7P			6.4 CITY-ST-ZIP			
14 I do hereby cer	rtify that the information supplied	with this filing does not qual	ity for the exemption states	d in Section 119.07(3)(i), Florida Statutes	. I further certify that	the
information ind	icaled on this annual report or sur	oplemental annual report is	true and accurate and that	t my signature shall have the same legal	effect as if made un	der oath; that

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daytime Priorie \*