

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

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S75882** (8)

1. Corporation Name  
**DAVID'S TRANSPORT INC.**

Principal Place of Business  
**2334 CYPRESS BEND DR. S #312  
POMPANO BEACH FL 33069  
US**

Mailing Address  
**2334 CYPRESS BEND DR. S #312  
POMPANO BEACH FL 33069-5626  
US**



3. Date Incorporated or Qualified **08/23/1991** 3a. Date of Last Report **07/18/1996**

2. Principal Place of Business 2a. Mailing Address  
21 **2334 CYPRESS BEND DR. S** 26 **2334 CYPRESS BEND DR. S**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **312** 27 **312**  
City & State City & State

23 **POMPANO BEACH, FL** 28 **POMPANO BEACH, FL**  
Zip Country Zip Country

24 **33069** 25 **BROWARD** 29 **33069** 30 **BROWARD**

9. Name and Address of Current Registered Agent

**KIRBY, DAVID  
2334 CYPRESS BEND DR. S #312  
POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent

81 Name **DAVID KIRBY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2334 CYPRESS BEND DR. S. #312**  
83  
84 City **POMPANO BEACH** FL 85 Zip Code **33069**

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.

SIGNATURE

*David Kirby*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	KIRBY, DAVID	2334 CYPRESS BEND DR. S #312	POMPANO BEACH FL 33069	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

*David Kirby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)