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

CITY-ST-ZIP

Apr 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S75882 (8) DAVID'S TRANSPORT INC. Principal Place of Business Mailing Address 2334 CYPRESS BEND DR S 2334 CYPRESS BEND DR S DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Date Incorporated or Qualified <u>08/23/1991</u> Principal Place of Business 4754 NW Marling Address 4754 Applied For Not Applicable 65-0281488 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required ly & State \$5.00 May Be 6. Election Campaign Financing **ح\**ها reld Der res Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KIRBY, DAVID 2334 CYPRESS BEND DR. S #312 82 POMPANO BEACH FL 33069 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 per familiar with, and accept the applications of Section 607.0505, Florida Statutes. NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change TITLE NAME KIRBY, DAVID 1.2 NAME 2334 CYPRESS BEND DR. S #312 1.3 STREET ADDRESS STREET ADDRESS **POMPANO BEACH FL 33069** 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change 3.1 TITLE ■ Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP DELETE Addition 51 TITLE TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 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

11.11.01

FILED