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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90018 025 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S90020

1. Corporation Name
L & M TRANSPORTATION, INC.

Principal Place of Business

2604 W 84 ST
S-1
HIALEAH FL 33016
US

Mailing Address

2604 W 84 ST
HIALEAH FL 33016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1991

4. FEI Number

65-0294711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

BARONCI, ELIZABETH
5030 SW 183RD AVE
FT LAUDERDALE FL 33331

10. Name and Address of New Registered Agent

81 Name

Baronci, ELIZABETH

82 Street Address (P.O. Box Number is Not Acceptable)

3891 SW 106 Ter

83

84 City Davie

FL

85 Zip Code

33328

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 Elizabeth Baronci

ELIZABETH Baronci

4-13-99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BARONCI, ELIZABETH
STREET ADDRESS 5030 SW 183RD AVE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE DVP ☐ DELETE
NAME BARONCI, ANTHONY
STREET ADDRESS 5030 SW 183RD AVE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pb. ☒ Change ☐ Addition
1.2 NAME ELIZABETH Baronci
1.3 STREET ADDRESS 3891 SW 106 Ter
1.4 CITY-ST-ZIP Davie FL 33328

2.1 TITLE DVP ☒ Change ☐ Addition
2.2 NAME ANTHONY Baronci
2.3 STREET ADDRESS 3891 SW 106 Ter
2.4 CITY-ST-ZIP Davie FL 33328

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 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, with all other like empowered.

SIGNATURE: Elizabeth Baronci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

305/362-9400

Daytime Phone #

CR2E034 (11/98)

0133457