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**

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90054 034 ***150.00

DOCUMENT # V51669

1. Corporation Name

GROUNI	D CONTROL TRANSPORTA	ATION SERVICES, INC.				
Principal Place	e of Business	Mailing Address	 .			
1211 NW 93RD COURT P.O. BOX 522824						
MIAMI FL 33172 MIAMI FL 33152				DO NOT WRITE I	N THIS SPACE	
US US				3. Date Incorporated or Qualifed	ITIIS SPACE	
				07/17/1992		
2 D-::		2a. Mailing Address		4. FEI Number	Applied For	
	lace of Business	— <u> </u>		65-0352655	Not Applicable	
Suite, Apt.	# ata	Suite, Apt, #, etc.		03 (032053	\$8.75 Additional	
				5. Certifcate of Status Desired	Fee Required	
22 City & State	- 12-10 to	City & State		6 Floction Compaign Financing	\$5.00 May Be	
23	9 •	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current	vear Intangible	
24	25		30	Personal Property Tax.	☐Yes ☐No	
24	9. Name and Address of Curre		***1	10. Name and Address of New Reg	stered Agent	
			81 Name	CERTIFIC CRAY	•	
GRAY, GERALD				GERALD GRAY 82 Street Address (P.O. Box Number is Not Acceptable)		
1315 W 80 ST			62 Street Au	Street Address (P.O. Box Number is Not Acceptable) #401		
HIAL	EAH FL 33014		83			
	·		84 City =		85 Zip Code	
			1 1	HIALEAH	FL [33012	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both in the State m familial with 200 accept the oblig	i02 and 607.1508, Florida Statute e of Florida. Such change was au pations of, Section 607.0505, Flori	s, the above-named co thorized by the corpora da Statujes	rporation submits this statement for the pur tion's board of directors. I hereby accept the	pose of changing its registered e appointment as registered	
SIGNATURE	Derdon	(YEST	ud/ <ra< th=""><th>4 President = 122</th><th>147</th></ra<>	4 President = 122	147	
	Signature, typed or printed name of registered ag		Registered Agent signature requ		PATE 1	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES/TO OFFIC	Change Addition	
TITLE	P ODAY OFFICE	☐ DELETE	1.1 TITLE		. Grange Browner.	
NAME	GRAY, GERALD		1.2 NAME	1005 THOM ES CORDERS	. #401	
STREET ADDRESS	1315 W 80TH STREET		1.3 STREET ADDRESS	1305 WEST 53 STREET	#401	
CITY-ST-ZIP	HIALEAH FL	C) nevere		HIALEAH, FL 33012	Change Addition	
TITLE	,	☐ DELETE	2.1 TITLE	•		
NAME			2.2 NAME			
STREET ADDRESS	,		2.3 STREET ADDRESS		·	
CITY-ST-ZIP -		- tr -p-	.2. 4 CITY-ST-ZIP :- /	<u> </u>	Change Addition	
TITLE	·	☐ DELETE	3.1 TITLE		Citariae Citariani	
NAME			3.2 NAME		ļ	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ DELETÉ	4.1 TITLE		□ Shange □ Addition	
NAME			4. 2 NAME			
STREET ADDRESS	·		4.3 STREET ADDRESS		_	
CITY-ST-ZIP		<u> </u>	4.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	· · · · .	☐ DELETE	5.1 TITLE		□ Change □ Addition	
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	· .	☐ Change ☐ Addition	
TITLE	,	□ DELETE		THE PERSON ASSESSMENT OF THE PERSON ASSESSMENT	☐ Change ☐ Addition	
NAME	ı		6.2 NAME			
TOWNE	1		6.3 STREET ADDRESS			

6.4 CITY-ST-ZIP 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 chapted, or or har attachment with an address, with all other like empowered.

SIGNATURE: