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

PROFIT **CORPORATION ANNUAL REPORT** 1998

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

## **FILED** May 07 1998 8:00am Secretary of State

	TE'S TRANSPORT INC.							
<b>Principal</b> Plac	e of Business	Mailing Address					hani klalı binil Albi	N <b>-15</b> 11 1 <b>551</b>
6525 LA JOLLA ST ORLANDO FL 32018		6525 LA JOLLA ST ORLANDO FL 32818			543 P	DO NOT WRITE IN THI	IS SPACE	
					$\vdash$	3. Date Incorporated or Qualified	O O I TIOL	
					ĺ	08/24/1992		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Apr	plied For
21		26				59-3160816	Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip Country		Zip	· ·			8. This corporation owes or has paid the o		
24	[25]	[29]	30			Personal Property Tax due June 30.	_	] No
	9. Name and Address of Cur	rent Hegistered Agent		1 Name		<ol><li>Name and Address of New Registered</li></ol>	a Ayent	<del></del>
	CADAMS, ANNETTE		١	Name				
6525 <b>L</b> a jolla st Orlando fl 32818					Address	ess (P.O. Box Number is Not Acceptable)		
			8	3				
			8	4 City		 F	85 Zip C	ode
agent I a	ntere, typod or printed name of registered	Legent limit life if applicable	o, Florida Statut (NOI€ Registered A					
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PO HARDER	☐ DELETE	1.1 TITLE	:			Change	Addition
NAME	MCADAMS, ANNETTE		1.2 NAM	E				
STREET ADDRESS	6525 LA JOLLA ST		1.3 STR	F1 ADDRESS				
CITY-ST-ZIP	ORLANDO FL	D. D.C. F.E.		-ST-ZIP	<b>.</b>			T target
TITLE	TRAVIS HARPER	☐ DELETE	2.1 TITL				L Change	Addition
NAME	6525 LA JOLLA ST		2.2 NAM					
STREET ADDRESS	ORLANDO FL			FT ADDRESS				
CITY-ST-ZIP TITLE	ONDARDO FE	DELETE	2. 4 CH v	'- S1- ZIP			Change	Addition
NAME			3.1 HILL 3.2 NAM				□ oueuða	Addition
STREET ADDRESS			1	E1 ADDRESS				
CITY-ST-ZIP				- ST - ZIP				
TITLE		DELETE	4.1 TITLE		<del> </del>		Change	Addition
NAME			4. 2 NAN					_
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE	5 1 TITLI				Change	Addition
NAME			5.2 NAM	F				
STREET ADDRESS			5.3 S1HE	ET ADDRESS	Ì			
CITY-ST-ZIP			5.4 CITY	- S1 - ZIP				
TITLE		☐ DELETE	6 1 1ITLI				Change	Addition
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STRE	ei address				
CITY-ST-ZIP			6.4 CITY	-SI - 7IP				

14. Thereby 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 convention 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 changes, or on an attachment with an address.