

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

012138

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 OCT 12 PM 1:53

DOCUMENT # F98000006258

1. Corporation Name  
**BRENNAN INTERNATIONAL TRANSPORT, INCORPORATED**



Principal Place of Business: 2665 E. DEL AMO BLVD, RANCHO DOMINGUEZ CA 90221  
 Mailing Address: 2665 E. DEL AMO BLVD, RANCHO DOMINGUEZ CA 90221

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/13/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		33-0140973	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRENNAN, CHARLES 7915 NW 53RD ST MIAMI FL 33166				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 8405 NW 53rd St Suite B116			
				83 City			
				Miami FL 85 Zip Code 33166			

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P BRENNAN, CHARLES <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, CHARLES	1.2 NAME	
STREET ADDRESS	2665 E. DEL AMO BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RANCHO DOMINGUEZ CA 90221	1.4 CITY-ST-ZIP	
TITLE	T RONALD D CRAIG <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD D CRAIG	2.2 NAME	200003018832
STREET ADDRESS	2665 E DEL AMO BLVD	2.3 STREET ADDRESS	-10/13/99--01079--015
CITY-ST-ZIP	RANCHO DOMINGUEZ CA 90221	2.4 CITY-ST-ZIP	***550.00 ***550.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Ron Craig* 9/05/99 310 637-7000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

**BRENNAN INTERNATIONAL TRANSPORT INC.**

2665 E Del Amo Blvd  
Rancho Dominguez, CA 90221-6003

phone (310) 637-7000 ex221  
fax (310) 637-0424  
[ronald.craig3@gte.net](mailto:ronald.craig3@gte.net)

October 6, 1999

Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee FL 32302-1500

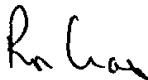
Dear Sir

We found this unmailed return on the floor behind our postage machine.

Could you advise if there are any penalties for late filing and if possible, if those could be waived. This return was completed timely had the envelope not been lost.

Thank you for your assistance

Yours truly,



Ron Craig  
CFO