

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000000843 (3)**

1. Corporation Name

HECNY TRANSPORTATION INC.



Principal Place of Business

Mailing Address

150 N. HILL DR., SUITE 18
BRISBANE CA 94005

150 N. HILL DR., SUITE 18
BRISBANE CA 94005

2. Principal Place of Business

2a. Mailing Address

21 150 North Hill Drive

26 150 North Hill Drive

State, Apt. #, etc.

State, Apt. #, etc.

22 Suite 13

27 Suite 13

City & State

City & State

23 Brisbane, CA

28 Brisbane, CA

Zip

Zip

Country

Country

24 94005

25 USA

29 94005

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/18/1993

3a. Date of Last Report

02/03/1995

4. FEI Number

95-2642692

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

GARCIA, AVELINO
1900 82ND AVENUE
MIAMI FL 33126

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature of Current Registered Agent (if applicable)

Signature of Registered Agent (required when registering)

Date of Signature

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | LEE, CHARLIE C.K. | |
| STREET ADDRESS | 150 N. HILL DR., SUITE 18 | |
| CITY-STATE-ZIP | BRISBANE CA 94005 | |
| TITLE | PSTD | <input type="checkbox"/> DELETE |
| NAME | LEE, TONY F | |
| STREET ADDRESS | 150 N. HILL DR., SUITE 18 | |
| CITY-STATE-ZIP | BRISBANE CA 94005 | |
| TITLE | VC | <input type="checkbox"/> DELETE |
| NAME | LEE, TONY F | |
| STREET ADDRESS | 150 N. HILL DR., SUITE 18 | |
| CITY-STATE-ZIP | BRISBANE CA 94005 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | CHAN, BENSON | |
| STREET ADDRESS | 150 N. HILL DR., SUITE 18 | |
| CITY-STATE-ZIP | BRISBANE CA 94005 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY-STATE-ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY-STATE-ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY-STATE-ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY-STATE-ZIP | |
| 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Tony F. Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 19, 1996 415 468 0600
Date Date of Filing

CR2E034 (12/95)