

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90058 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001152

1. Corporation Name
CONTRACT TRANSPORTATION SYSTEMS CO.

Principal Place of Business 101 PROSPECT AVE. NW CLEVELAND OH 44115	Mailing Address 101 PROSPECT AVE. NW CLEVELAND OH 44115
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified
03/10/1995

4. FEI Number
34-1322942 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

9. Name and Address of Current Registered Agent

**BAXTER, JOEL
 119 LAKE MARIAM WAY
 WINTER HAVEN FL 33884**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director / Chief Executive Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREEN, J.G.	1.2 NAME	
STREET ADDRESS	101 PROSPECT AVE., NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44115	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMMES, T.A.	2.2 NAME	
STREET ADDRESS	101 PROSPECT AVE., NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44115	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITORAK, L.J.	3.2 NAME	
STREET ADDRESS	101 PROSPECT AVE., NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONACE, W P	4.2 NAME	Michael A. Galasso
STREET ADDRESS	101 PROSPECT AVE., NW	4.3 STREET ADDRESS	101 Prospect Ave. N.W.
CITY-ST-ZIP	CLEVELAND OH 44115	4.4 CITY-ST-ZIP	Cleveland, Oh 44115
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, J T	5.2 NAME	
STREET ADDRESS	101 PROSPECT AVE., NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44115	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STELLATO, L.E.	6.2 NAME	James J. Sgambellone
STREET ADDRESS	101 PROSPECT AVE., NW	6.3 STREET ADDRESS	101 Prospect Ave. N.W.
CITY-ST-ZIP	CLEVELAND OH 44115	6.4 CITY-ST-ZIP	Cleveland, Oh 44115

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: *[Signature]* **Vice President** 4/28/99 216-566-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)