

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

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Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G07145** (7)
1. Corporation Name
TRINITY TRANSPORT, INC.



Principal Place of Business 1801 SW 1 AVE P. O. BOX 350524 FT LAUDERDALE FL 33315		Mailing Address 1801 SW 1 AVE P. O. BOX 350524 FT LAUDERDALE FL 33315-2106		3. Date Incorporated or Qualified 11/04/1982	3a. Date of Last Report 02/26/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2246006	Applied For <input type="checkbox"/> Not Applicable		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country	29 Country	30			
9. Name and Address of Current Registered Agent PESTCOE, BERNARD C. 169 E FLAGLER ST., #1500, ALFRED I. DUPONT BLD MIAMI FL 33131				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD
NAME	WEAVER, EVELYN L.	1.2 NAME	WEAVER, EVELYN L.
STREET ADDRESS	151 S.W. 81ST AVE.	1.3 STREET ADDRESS	41 W. TROPICAL WAY
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	PLANTATION, FLA.
TITLE	ST	2.1 TITLE	
NAME	WEAVER, RODNEY E	2.2 NAME	
STREET ADDRESS	5561 SW 112 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	PD
NAME	WEAVER, RUSSELL E.	3.2 NAME	WEAVER, RUSSELL E.
STREET ADDRESS	151 SW 81 AVENUE	3.3 STREET ADDRESS	151 W. TROPICAL WAY
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	PLANTATION, FLA.
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Evelyn L. Weaver* EVELYN L. WEAVER 11. P. 954-462-5022

CR2E034 (9/96)