

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

FILED
Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 1. Corporation Name
G09210
Transportation Safety Contractors, Inc.

Principal Place of Business Mailing Address
7750 Professional Place
Tampa FL 33637

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/22/82

4. FEI Number 59-2234741 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 or has paid the current year intangible Personal Property Tax due June 30. Yes No

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

9. Name and Address of Current Registered Agent
James B. Hall
7750 Professional Place
Tampa FL 33637

10. Name and Address of New Registered Agent

81 Name
Valdes-Fauli Corporate Services, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
777 S. Flagler Drive

83 Suite 500 E.

84 City
West Palm Beach FL 85 Zip Code
33401

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 607.0503, Florida Statutes.

SIGNATURE *Michael V. Mitrione* v.p. Michael V. Mitrione, VP 6/5/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, C, EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Frazier L. Gaines
1.3 STREET ADDRESS	1601 Forum Place, Suite 1110
1.4 CITY - ST - ZIP	West Palm Beach FL 33401
2.1 TITLE	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James Barry Hall
2.3 STREET ADDRESS	7750 Professional Place
2.4 CITY - ST - ZIP	Tampa FL 33637
3.1 TITLE	S, AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mark Shain
3.3 STREET ADDRESS	1601 Forum Place, Suite 1110
3.4 CITY - ST - ZIP	West Palm Beach FL 33401
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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***588.75

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: *Frazier L. Gaines* Frazier L. Gaines 6/5/98 (561) 688-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)