

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

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**Feb 12 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 # P94000022011 (8)
1. Corporation Name
ANYWHERE TRANSPORT, INC.



Principal Place of Business 3808 DR. MARTIN LUTHER KING, JR., BLVD. TAMPA FL 33610	Mailing Address 3808 DR. MARTIN LUTHER KING, JR., BLVD. TAMPA FL 33610
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3. Date Incorporated or Qualified 03/22/1994	3a. Date of Last Report 02/08/1996
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2. Principal Place of Business 21 20036 N.W. 64th PLACE	2a. Mailing Address 26 20036 N.W. 64th PLACE
22 Suite, Apt #, etc	27 Suite, Apt #, etc.
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33015	25 Country USA
29 Zip 33015	30 Country USA

4. FEI Number 59-3232886	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**AMATO, JOHN E
3808 DR. MARTIN LUTHER KING, JR., BLVD.
TAMPA FL 33610**

10. Name and Address of New Registered Agent

81 Name STEVEN P. RILEY
82 Street Address (P.O. Box Number is Not Acceptable) 3337 HENDERSON BLVD.
83 SUITE 150
84 City TAMPA
85 Zip Code FL 33609

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, Sections 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* 1/25/97
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	D <input checked="" type="checkbox"/> DELETE
NAME	AMATO, JOHN E
STREET ADDRESS	9306 WOODBAY DR.
CITY-ST-ZIP	TAMPA FL 33626
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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EDWIN C. ALBERTI
1.3 STREET ADDRESS	20036 N.W. 64th Place
1.4 CITY-ST-ZIP	MIAMI, FL 33015
2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EDWIN C. ALBERTI
2.3 STREET ADDRESS	20036 N.W. 64th Place
2.4 CITY-ST-ZIP	MIAMI, FL 33015
3.1 TITLE	V-PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EDWIN C. ALBERTI
3.3 STREET ADDRESS	20036 N.W. 64th Place
3.4 CITY-ST-ZIP	MIAMI, FL 33015
4.1 TITLE	BILLIE ALBERTI-SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BILLIE ALBERT.
4.3 STREET ADDRESS	20036 N.W. 64th Place
4.4 CITY-ST-ZIP	MIAMI FL 33015
5.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BILLIE ALBERTI
5.3 STREET ADDRESS	20036 N.W. 64th Place
5.4 CITY-ST-ZIP	MIAMI, FL 33015
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BILLIE ALBERT
6.3 STREET ADDRESS	20036 N.W. 64th Place
6.4 CITY-ST-ZIP	MIAMI, FL 33015

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: *[Signature]* 1/25/97 (305) 717-0911
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
EDWIN C. ALBERTI

CR2E034 (9/96)