

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Arthur
Secretary of State
DIVISION OF CORPORATIONS

000001772050
-04/08/96--01031--029
***200.00

DOCUMENT # **P94000022026 (6)**

1. Corporation Name

WEST PALM BEACH TRANSPORTATION MANAGEMENT ASSOCIATION, INC.



Principal Place of Business

319 CLEMATIS ST., SUITE 700
WEST PALM BEACH FL 33401

Mailing Address

319 CLEMATIS ST., SUITE 700
WEST PALM BEACH FL 33401

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FOUNTAIN, BILL
319 CLEMATIS ST., SUITE 700
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified
03/18/1994

3a. Date of Last Report
07/11/1995

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired
n/a

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution
no

\$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

81

Name

Bill Fountain

82

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

319 Clematis St. Suite 700

83

West Palm Beach, FL 33401

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0606, Florida Statutes.

SIGNATURE

[Signature]

Bill Fountain

2-2-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRINDELL, JAMES R	
STREET ADDRESS	777 S FLAGLER DR.	
CITY- ST- ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOLINS, RON	
STREET ADDRESS	625 N FLAGLER DR.	
CITY- ST- ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEINER, MINDY	
STREET ADDRESS	625 N FLAGLER DR.	
CITY- ST- ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, DELANO	
STREET ADDRESS	505 S. FLAGLER DR	
CITY- ST- ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEISMAN, ROBERT	
STREET ADDRESS	301 N OLIVER AVE	
CITY- ST- ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOONS, JEFF	
STREET ADDRESS	200 SECOND ST.	
CITY- ST- ZIP	WEST PALM BEACH FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
11 TITLE	
12 NAME	Rene Tercilla
13 STREET ADDRESS	1400 Centre Park Road
14 CITY- ST- ZIP	West Palm Beach, FL 33407
21 TITLE	
22 NAME	Don Chester
23 STREET ADDRESS	901 45th Street
24 CITY- ST- ZIP	West Palm Beach, FL 33407
31 TITLE	
32 NAME	Joe Koncoski
33 STREET ADDRESS	315 S. Flagler Drive
34 CITY- ST- ZIP	West Palm Beach, FL 33401
41 TITLE	
42 NAME	Dr. Paul Cortis
43 STREET ADDRESS	P.O. Box 24708
44 CITY- ST- ZIP	West Palm Beach, FL 33416
51 TITLE	
52 NAME	Jim Belle
53 STREET ADDRESS	P.O. Box 510
54 CITY- ST- ZIP	Palm Beach, FL 33480
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- 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 supplement 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 registered business 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

2-2-96

DATE

DATE OF FILING

CR2E034 (12/95)