

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 MAY -2 AM 10:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000037886**

1. Corporation Name
Southeast Transportation Management, Inc.

Principal Place of Business Mailing Address

REINSTATEMENT 910-97

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	595 Aston Woods Court	26	PO Box 218	5/19/94	N/A
Suite, Apt. #, etc. 22 N/A		Suite, Apt. #, etc. 27 N/A		4. FEI Number	Applied For / Not Applicable
City & State 23 Venice, FL		City & State 28 Atlanta, GA		65-0486192	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24 34293	25 USA	29 50009	30 USA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

Todd W. Vraspir
Papy & Weissenborn, P.A.
One Urban Center, Suite 335
4830 West Kennedy Boulevard
Tampa, FL 33609

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, and accept the obligations of Section 607.0505, Florida Statutes.

Signature: **Todd W. Vraspir** DATE: **4-22-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	President, Director
STREET ADDRESS		1.3 STREET ADDRESS	Denis J. Franzen
CITY-ST-ZIP		1.4 CITY-ST-ZIP	595 Aston Woods Court
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V.P., Sec., Treas., Dir.
STREET ADDRESS		2.3 STREET ADDRESS	Linda M. Franzen
CITY-ST-ZIP		2.4 CITY-ST-ZIP	595 Aston Woods Court
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	100002173251-5
STREET ADDRESS		3.3 STREET ADDRESS	-05/09/97-01097-002
CITY-ST-ZIP		3.4 CITY-ST-ZIP	***915.00 ***915.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Linda M. Franzen**

3-5-97 **941-492-5086**
813-493-5086

CR2E034 (9/96)