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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90046 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000045698

1. Corporation Name
UNIVERSAL TRANSPORTATION SERVICES INC.

Principal Place of Business 4611 SO. UNIVERSITY DRIVE STE 444 DAVIE FL 33328	Mailing Address 4611 SO. UNIVERSITY DRIVE STE 444 DAVIE FL 33328
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/06/1995	4. FEI Number 65-0583146	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23	City & State 28	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Zip 24	Country 25	Zip 29	Country 30	

9. Name and Address of Current Registered Agent SCHUKNECHT, GREGORY E 4611 SO. UNIVERSITY DRIVE STE 444 DAVIE FL 33328	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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] (NOTE: Registered Agent signature required when reinstating) DATE: 4-22-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME SCHUKNECHT, GREGORY E	1.1 TITLE President	SCHUKNECHT, Gregory E
STREET ADDRESS 8658 BRIDLE PATH COURT	CITY-ST-ZIP DAVIE FL 33328	1.2 NAME	4416 SW 25 Terrace
TITLE	NAME Cathleen Schuknecht	1.3 STREET ADDRESS	For Lauderdale, FL 33312
STREET ADDRESS	STREET ADDRESS 8658 Bridle Path Ct	1.4 CITY-ST-ZIP	33312
CITY-ST-ZIP	CITY-ST-ZIP Davie FL 33328	2.1 TITLE	
TITLE	NAME	2.2 NAME	
STREET ADDRESS	STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	
STREET ADDRESS	STREET ADDRESS	3.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS	
TITLE	NAME	3.4 CITY-ST-ZIP	
STREET ADDRESS	STREET ADDRESS	4.1 TITLE	
CITY-ST-ZIP	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	4.4 CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP	5.1 TITLE	
TITLE	NAME	5.2 NAME	
STREET ADDRESS	STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
STREET ADDRESS	STREET ADDRESS	6.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	6.3 STREET ADDRESS	
TITLE	NAME	6.4 CITY-ST-ZIP	
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)