

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PH 1:50

DOCUMENT # **S90414** (1)
1. Corporation Name
PROFESSIONAL TRANSPORTATION MANAGEMENT, INC.

Principal Place of Business Mailing Address
800 SEAGATE DRIVE SUITE 303 NAPLES FL 33940 US **% WILLIAM D. KRAMER 567 ELKCAM CIRCLE MARCO ISLAND FL 33937**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/28/1991** 3a. Date of Last Report **06/21/1994**
4. FEI Number **65-0293362** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
KRAMER, WILLIAM D. 567 ELKCAM CR. MARCO ISLAND FL 33937

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

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 _____ DATE _____
Signature typed or printed name of registered agent and title of officer/director. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS	
TITLE	PT
NAME	HECHT, STANLEY B.
STREET ADDRESS	4951 GULF SHORE BLVD.
CITY-ST-ZIP	NAPLES FL
TITLE	V
NAME	HECHT, RUTH G.
STREET ADDRESS	4951 GULF SHORE BLVD
CITY-ST-ZIP	NAPLES FL
TITLE	ST
NAME	COHON, ALYS
STREET ADDRESS	11202 LONGSHORE WAY W
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ST
33 STREET ADDRESS	COHON, ALYS
34 CITY-ST-ZIP	187 COLONADE CIRCLE
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Naples, Florida
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(a), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of signing officer or director.