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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 800 SEAGATE DRIVE, SUITE 303, NAPLES FL 33940 US
Mailing Address: 950 N. COLLIER BLVD, SUITE #301, MARCO ISLAND FL 34145-2718

3. Date Incorporated or Qualified: 10/28/1991
3a. Date of Last Report: 06/19/1996
4. FEI Number: 65-0293362
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: 21
2a. Mailing Address: 26 90 W.D. KRAMER
Suite, Apt. #, etc.: 22 1838 40TH TERRACE SW
City & State: 27 NAPLES, FL
Zip: 23 34116 Country: 29 US

9. Name and Address of Current Registered Agent: KRAMER, WILLIAM D., 950 N. COLLIER BLVD, SUITE #301, MARCO ISLAND FL 33937
10. Name and Address of New Registered Agent: 81 Name: NO CHANGE
82 Street Address (P.O. Box Number is Not Acceptable): 1838 40TH TERRACE SW
83
84 City: NAPLES FL 85 Zip Code: 34116

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: *William D. Kramer* WILLIAM D. KRAMER DATE: 4/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, STANLEY B.	1.2 NAME	
STREET ADDRESS	4951 GULF SHORE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	211 34103
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHON, ALYS	2.2 NAME	
STREET ADDRESS	187 COLONADE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	211 34103
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHON, ALYS	3.2 NAME	
STREET ADDRESS	11202 LONGSHORE WAY W	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
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: *Alys Cohon* AYLIS COHON SECRETARY-TREASURER DATE: 4/18/97 DAYTIME PHONE #: 941-434-6720

CR2E034 (9/96)