

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000025250 (8)

1. Corporation Name

CENTURY PARATRANSIT, INC.



Principal Place of Business

Mailing Address

2151 NE 155TH STREET
NO MIAMI BEACH FL 33162

2151 NE 155TH STREET
NO MIAMI BEACH FL 33162

2. Principal Place of Business

2a. Mailing Address

21 2812 NW 35 SER

26 Same

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33142

25 PADE

29

30

9. Name and Address of Current Registered Agent

PALINSKY, ILYA
2151 NE 155TH STREET
NO MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

3a. Date of Last Report

03/27/1995

4. FEI Number

Applied For

65-0598354

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

10. Name and Address of New Registered Agent

81 Name

SYMON TROJECKI

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

2812 NW 35 SER
MIAMI

City

FL

85 Zip Code

33142

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 of officer or principal of registered agent (if not applicable)

(Name, Address, and Signature of Registered Agent)

DATE

2-20-96

12. OFFICERS AND DIRECTORS

TITLE D
NAME TROJECKI, SZYMON
STREET ADDRESS 2151 NE 155TH STREET
CITY-ST-ZIP NO MIAMI BEACH FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
2812 NW 35 SER
MIAMI FL 33142

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE (If one)

2-20-96

CR2E034 (12/95)