FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **174619** **(7)**

1. Corporation Name
TRANSPORT REALTY CO.

Principal Place of Business	Mailing Address
P.O. BOX 245 12805 N.W. 42 AVE. OPA LOCKA FL 33054	P.O. BOX 245 12805 N.W. 42 AVE. OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/24/1953**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: **59-0871070** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24: Country 25:
Zip 29: Country 30:
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALTERMAN, SIDNEY
12805 N.W. 42 AVE.
OPA LOCKA FL 33054

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 if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ALTERMAN, BRYAN S.	12 NAME	
STREET ADDRESS	12805 N.W. 42ND AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	ALTERMAN, SIDNEY	22 NAME	
STREET ADDRESS	12805 N.W. 42ND AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	LIVIGNI, ROY	32 NAME	
STREET ADDRESS	12805 N.W. 42ND AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	ALTERMAN, RICHARD C.	42 NAME	
STREET ADDRESS	12805 N.W. 42ND AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ROARK, VERMON	52 NAME	
STREET ADDRESS	12805 N.W. 42ND AVE.	53 STREET ADDRESS	
CITY ST ZIP	OPA LOCKA FL	54 CITY ST ZIP	
TITLE	TVD	61 TITLE	☐ Change ☐ Addition
NAME	ALTERMAN, JOHN	62 NAME	
STREET ADDRESS	12805 N.W. 42ND AVE.	63 STREET ADDRESS	
CITY ST ZIP	OPA LOCKA FL	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 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 added on an attachment with an address.

SIGNATURE: Roy Livigni Secretary 4/24/95 (305)688-3571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0101409 CP