

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 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 # **176320** (0)

1. Corporation Name
ALTERMAN TRANSPORT LINES, INC.

Principal Place of Business P O BOX 425 12805 NW 42 AVE OPA LOCKA FL 33054	Mailing Address P O BOX 425 12805 NW 42 AVE OPA LOCKA FL 33054-4401
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1953	3a. Date of Last Report 05/01/1996
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-0721152	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALTERMAN, SIDNEY 12805 NW 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
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTERMAN, JOHN	12 NAME	
STREET ADDRESS	12805 NW 42ND AVE	13 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA, FL 00000	14 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVIGNI, ROY	22 NAME	
STREET ADDRESS	12805 NW 42ND AVE	23 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA, FL 00000	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTERMAN, BRYAN S	32 NAME	
STREET ADDRESS	12805 NW 42ND AVE	33 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA, FL 00000	34 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTERMAN, SIDNEY	42 NAME	
STREET ADDRESS	12805 NW 42ND AVE	43 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA, FL 00000	44 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTERMAN, RICHARD C.	52 NAME	
STREET ADDRESS	12805 NW 42ND AVE	53 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA, FL 00000	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROARK, VERNON	62 NAME	
STREET ADDRESS	12805 NW 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 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: *B. Alterman / Roy Livigni* 4/23/97 (305) 688-2571 EXT 311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)