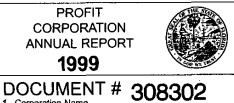
**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90014 033 \*\*\*150.00

SUPERIO	OR STUDENT TRANSPORT	INC						
Principal Place	e of Business	Mailing Address				(##### )      80  01	8 1101 BIBIT GEDIT BIDIT GEDET D	
6647 NORTH ORANGE BLOSSOM TRAIL 6647 NORTH ORANGE BLOSS P.O.BOX 607904 P.O.BOX 607904 ORLANDO FL 32860-4904 ORLANDO FL 32860-4904				SOM TRAIL		<del></del>	E IN THIS SPACE	
						3. Date Incorporated or Qualifed 08/19/1966		
2. Principal P	lace of Business	2a. Mailing Addre	SS			4. FEI Number	Ap	plied For
21	add of Backlood	26				59-1147351	No	t Applicable
	#, etc	Suite, Apt. #,	etc.		<i>=</i> ·	5. Certificate of Status Desired	\$8.75 A	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	
Zip 24	Country 25	Zip <b>29</b>	30	ountry		<ol> <li>This corporation owes the curre Personal Property Tax.</li> </ol>	nt year Intangible ☐ Yes	□No _
=71	9. Name and Address of Curren		11	Τ		10. Name and Address of New Re	egistered Agent	
7451				81	Name			
ZAFFRAN, DANIEL E. 6647 N. ORANGE BLOSSOM TRAIL				82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
ORL	ANDO FL 32810			83				
				84	City	and the same of the same	FL 85 Zip C	Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florid	a Statutes, the	above	-named corp	poration submits this statement for the p	umage of changing its	registered
office or ragent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chang tions of, Section 607.0	e was authorize 505, Florida Sta	ed by tatutes.	the corporation	on's board of directors. I hereby accept	the appointment as req	gistered
SIGNATURE	Stgnature, typed or printed name of registered age	at and title if applicable	(NOTE: Pagister	ad Agon	t cianature require	ed when reinstating)	DATE	
12.		ID DIRECTORS	13		t digitator o rodoso	ADDITIONS/CHANGES TO OFF		RS IN 12
TITLE	VSD	DE		TITLE			☐ Change	☐ Addition
NAME	ZAFFRAN, THEODORE			NAME				ĺ
	1225 PARK GREEN PLACE				ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP	WINTER PARK FL			CITY-ST	1 - ZIP		Change	☐ Addition
TITLE	PTD				-			
NAME	ZAFFRAN, DANIEL E			NAME				ľ
STREET ADDRESS					ADDRESS		ام سه بنش الاحام	
CITY-ST-ZIP	110 4 - 0 - 1 - 1		2.4 CITY-ST-ZIP			☐ Change	Addition	
TITLE				TITLE			Change	
NAME				NAME				Ì
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		. [] DE		. CITY-S'	T-ZIP		☐ Change	Addition
<i>IIILE</i>		C De	1					
NAME				NAME				
STREET ADDRESS	* >				ADDRESS			
CITY-ST-ZIP		□ DE		CITY-ST	r-zip	<del></del>	☐ Change	☐ Addition
TITLE				TITLE NAME			□ oiĝe	
NAME					ADDRESS			
STREET ADDRESS			5.3	SIREC	`ADDRESS		_	
CITY-ST-ZIP				CITY OF	r 710		-	
				CITY-ST	r-ZIP		☐ Change	☐ Addition
TITLE		□ DE	LETE 6.1	TITLE	r- ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS		□ DE	LETE 6.1 6.2	TITLE NAME	r-ZIP ADDRESS		Change	☐ Addition

14. I hereby certify that the information supplied with this filing does not qualifyful the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementar annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arn an officer or director of the corporation or the receiver or trustee employered 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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NIKE! OFFICER OR DIRECTOR