

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

97 AUG -4 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 570464 (8)
1. Corporation Name
TRANSPORT LEASING SYSTEMS, INC.

Principal Place of Business 115 APPALOOSA TRAIL P. O. BOX 300115 RIVER RANCH FL 33867-7115	Mailing Address 115 APPALOOSA TRAIL P. O. BOX 300115 RIVER RANCH FL 33867-7115
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2. Principal Place of Business 21 115 APPALOOSA TRAIL	2a. Mailing Address 26 370 E. MAIN ST
Suite, Apt. #, etc. 22 P.O. BOX 30115	Suite, Apt. #, etc. 27 P O BOX 390
City & State 23 RIVER RANCH FL	City & State 28 BRANFORD CT.
Zip 24 33867-0115	Country 25 USA
Zip 29 06405	Country 30 USA

3. Date Incorporated or Qualified 04/26/1978	3a. Date of Last Report 07/17/1996
4. FFL Number 06 0967503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MEEKER, RUSLEY C.
SUITE 300 240 W. PALMETTO PARK RD.
BOCA RATON FL 33432**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KING, DONALD J.		1.2 NAME	
STREET ADDRESS 9 SUMMER ISLAND RD. EXT.		1.3 STREET ADDRESS	
CITY-ST-ZIP BRANFORD CT 06405		1.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOWMAN, PATRICIA K		2.2 NAME	
STREET ADDRESS 680 DURHAM ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP GUILFORD CT 06437		2.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KING, MARGARET M		3.2 NAME	
STREET ADDRESS 9 SUMMER ISLAND RD EXT		3.3 STREET ADDRESS	
CITY-ST-ZIP BRANFORD CT 06405		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:

DONALD J. KING
SIGNATURE REQUIRED

7-28-97

800 243 5224

CR2E034 (4/97)

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I WAS TOLD TO SEND 165.00
TO P O BOX 6327 AS WE
DID NOT RECIEVE THE 1ST NOTICE
THANK YOU
Donald J King S.T. (2)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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Mailing Address

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DO NOT WRITE IN THIS SPACE

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DONALD J. KING
SIGNATURE REQUIRED

7-28-97

800 243 5224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0122356

CR2E034 (4/97)