

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 27 1997 8:00am
Secretary of State

DOCUMENT # 622990 (0)

1. Corporation Name
BURGESS TRANSPORT, INC.

Principal Place of Business
100 ALI BABA AVENUE
OPA LOCKA FL 33064

Mailing Address
2800 NORTH TRYON STREET
CHARLOTTE NC 28206-2759
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BURGESS, CHARLES J.
100 ALI BABA AVENUE
OPA LOCKA FL 33064

3. Date Incorporated or Qualified
05/24/1979

3a. Date of Last Report
01/31/1996

4. FEI Number

59-1921297

Applied For
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

Name

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

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 agent 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 the president, secretary, or other officer and title of applicant

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME

CDCE
BURGESS, CHARLES J
100 ALI BABA AVE.
OPA LOCKA FL

TITLE NAME

VPD
BURGESS, ANNE L.
100 ALI BABA AVENUE
OPA LOCKA FL

TITLE NAME

VCSD
IRVING, PAMELA B
100 ALI BABA AVENUE
OPA LOCKA FL

TITLE NAME

PD
DEESE, MAX
2800 NORTH TRYON STREET
CHARLOTTE NC

TITLE NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE NAME

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE NAME

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE NAME

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE NAME

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE NAME

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-97

Date

Daytime Phone #

CR2E034 (9/96)