

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 828839 (1)

1. Corporation Name
TRANSPORT INTERNATIONAL POOL, INC.



Principal Place of Business
**426 W LANCASTER AVE
DEVON PA 19333
US**

Mailing Address
**426 W LANCASTER AVE
DEVON PA 19333
US**

3. Date Incorporated or Qualified 10/13/1972	3a. Date of Last Report 04/24/1995
4. FEI Number 22-1616203	Applied For 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 has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Tracee Butler Giles <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICHARD	1.2 NAME	Assistant Secretary
STREET ADDRESS	426 W LANCASTER AVE	1.3 STREET ADDRESS	426 W. Lancaster Ave.
CITY-ST-ZIP	DEVON PA	1.4 CITY-ST-ZIP	Devon, PA 19333
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP and Asst. Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGANS, R. M	2.2 NAME	Tom Szkutak
STREET ADDRESS	205 VAN LEAR'S RUN	2.3 STREET ADDRESS	426 W. Lancaster Ave.
CITY-ST-ZIP	VILLANOVA PA	2.4 CITY-ST-ZIP	Devon, PA 19333
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	Asst. Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREEDLOVE, JAMES	3.2 NAME	Joe Linnah
STREET ADDRESS	426 LANCASTER AVE	3.3 STREET ADDRESS	426 W. Lancaster Ave.
CITY-ST-ZIP	DEVON PA	3.4 CITY-ST-ZIP	Devon, PA 19333
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	Asst. Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Lorie	4.2 NAME	Jean Andrews
STREET ADDRESS	40 Liberty Blvd.	4.3 STREET ADDRESS	426 W. Lancaster Ave.
CITY-ST-ZIP	Malvern, PA 19355	4.4 CITY-ST-ZIP	Devon, PA 19333
TITLE	VP and Treasurer <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	Roger Milky	5.2 NAME	
STREET ADDRESS	426 W. Lancaster Ave.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Devon, PA 19333	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	Donald Wetska	6.2 NAME	
STREET ADDRESS	426 W. Lancaster Ave.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Devon, PA 19333	6.4 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)(k), 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: James T. Breedlove _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (12/95)