

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **844280** (8)
1. Corporation Name
DIVERSIFIED TRIMODAL, INC.

Principal Place of Business 55 GLENLAKE PARKWAY, NE ATLANTA GA 30328 US	Mailing Address 55 GLENLAKE PKWY NE ATLANTA GA 30328 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/02/1979	
				4. FEI Number 06-1007042	
				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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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	AT	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PICA, EUGENE A			1.2 NAME			
STREET ADDRESS	55 GLENLAKE PKWY NE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALDEN, JOHN W.			2.2 NAME			
STREET ADDRESS	55 GLENLAKE PKWY NE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			2.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLANIN, ROBERT J			3.2 NAME			
STREET ADDRESS	55 GLENLAKE PKWY NE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			3.4 CITY-ST-ZIP			
TITLE	DC	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NELSON, KENT C.			4.2 NAME	RAY THURSTON		
STREET ADDRESS	55 GLENLAKE PKWY NE			4.3 STREET ADDRESS	990 HAMMOND DRIVE		
CITY-ST-ZIP	ATLANTA GA			4.4 CITY-ST-ZIP	ATLANTA, GA 30328		
TITLE	S	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MODEROW, JOSEPH			5.2 NAME	JAMES THOMPSON		
STREET ADDRESS	55 GLENLAKE PKWY NE			5.3 STREET ADDRESS	990 HAMMOND DRIVE		
CITY-ST-ZIP	ATLANTA GA			5.4 CITY-ST-ZIP	ATLANTA, GA 30328		
TITLE	AT	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AGRESTA, MAURICE			6.2 NAME	PETER FREDO		
STREET ADDRESS	55 GLENLAKE PKWY NE			6.3 STREET ADDRESS	990 HAMMOND DRIVE		
CITY-ST-ZIP	ATLANTA GA			6.4 CITY-ST-ZIP	ATLANTA, GA 30328		

14. I 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:  **EUGENE A. PICA**

1/19/98

(404) 828-8330

CR2E034 (10/97)