

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A16791
ORLANDO TRANSPORTATION, LTD.	

Mailing Address 4800 W. COMMERCIAL BLVD. FORT LAUDERDALE FL 33309	Principal Office Address P.O. BOX 950 NEW RIVER STA. FT. LAUDERDALE FL 33302	3. Date Formed or Registered 04/11/1984	5a. Capital Contributions as Shown on record. \$1,900.00
2. Mailing Address 321 W. Oakland Park Blvd.	2a. Principal Office Address	3a. Date of Last Report 11/05/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-2397891
City & State Ft. Lauderdale, FL	City & State	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip 33311	Country Bermuda	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CAMILLO, JOHN M. 1600 WEST COMMERCIAL BLVD. FT LAUDERDALE FL 33309	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 321 W. OAKLAND Park Blvd. Suite, Apt. #, etc. City Ft. Lauderdale FL Zip Code 33311
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) CAPITAL TRANSPORTATION, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 221 W. OAKLAND PARK B	11b. City, State & Zip Code OAKLAND PARK FL 33311	11c. Registration/ Document Number P94000087437
500002689675--8 -11/17/98--01064--007 ****141.25 ****141.25 AL NOV 16 1998			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

11/5/98

Typed or Printed Name of General Partner Signing Form

PHILIP E. MORGAMAN

Daytime Telephone Number (954) 493-8060

CR2E003 (8/98)