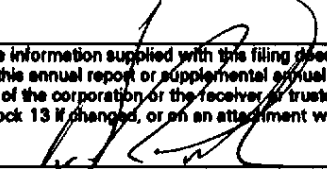


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS																																																																																																																															
DOCUMENT # F57177 (0)																																																																																																																																	
1. Corporation Name DISTRON TRANSPORTATION SYSTEMS, INC.																																																																																																																																	
Principal Place of Business 17777 OLD CUTLER ROAD MIAMI FL 33157		Mailing Address 200 SOUTH 6TH ST. 08X3 MINNEAPOLIS, MN 55402																																																																																																																															
2. Principal Place of Business 21 <input type="checkbox"/> Suite, Apt. #, etc. 22 <input type="checkbox"/> City & State 23 <input type="checkbox"/> Zip <input type="checkbox"/> Country 24 <input type="checkbox"/>		2a. Mailing Address 26 <input type="checkbox"/> Suite, Apt. #, etc. 27 <input type="checkbox"/> City & State 28 <input type="checkbox"/> Zip <input type="checkbox"/> Country 29 <input type="checkbox"/> 30 <input type="checkbox"/>																																																																																																																															
3. Date Incorporated or Qualified 12/04/1981		3a. Date of Last Report 04/30/1997																																																																																																																															
4. FEI Number 41-1430261		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 has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM % CT CORPORATION 1200 S. PINE ISLAND RD. 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. 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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 R POPPELE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																															
		02/24/98 Date Daytime Phone *																																																																																																																															

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